



Phone: 844-838-1522

Fax: 866-414-3453

Website/Email Address: www.envisionrx.com

Email Address: customerservice@envisionrx.com

Mailing Address: 2181 E. Aurora Road

Twinsburg, OH 44087

Envision RX Options manages the pharmacy drug benefit for your patient. If a drug you prescribed has been denied, you have the right to an appeal. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the process.**

Patient Name and ID#: _____

Patient Address:

Claim #: _____

Drug Name and Dosing:

Provider: _____

Briefly describe why you are appealing the denial (Please attach additional information, such as a physician’s letter, bills, medical records, or other documents to support your claim):

Name of Person Filing Request for an Appeal:

Circle one: Covered person Patient Authorized Representative

Contact information of person filing request for an Appeal (if different from patient)

Address: _____ **Daytime phone:** _____

Email: _____