



DIRECT BILL APPEAL FORM

Please complete the entire Form on Page 2. Submit your Aptia365 Direct Bill Appeal Form with all available documentation to Aptia365 as instructed below.

Determination will be made based on the facts and circumstances provided with your initial appeal. Information provided after the initial appeal request may not be used in the review process. Submission of an appeal is not a guarantee of reinstatement.

Once a decision has been made you will be notified in writing.

If approved:

- 1 No further appeals/exceptions will be granted for the same circumstances at any point in the future.
- 1 Any payments/documentation already past due must be submitted within 2 weeks from the time you are notified of the successful appeal, unless otherwise documented in writing. (Notification begins as of the postmark date on your appeal results letter).

Email your appeal information to:

mycobrabenefits@tri-ad.aptia365.com

Fax: (844) 890-9653

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

