



Davis Vision Appeals and Grievance Rights Information

Coverage decisions are based on members' benefits and the information submitted with their claims. Member Services representatives (MSR) can provide more information about how your coverage was applied and answer any questions you may have about your benefits. To reach a representative, please call 1-800-999-5431.

If all or part of a claim was not covered, you have a right to see, upon request and at no charge, any rule, guideline, protocol or criterion that Davis Vision, Inc. relied upon in making the coverage decision. If a coverage decision was based on medical necessity or the experimental nature of the care, you are entitled to receive upon request and at no charge the explanation of the scientific or clinical basis for the decision as it relates to the patient's medical condition.

If after speaking with a MSR you feel that our coverage decision was not correct, the patient or an authorized representative may appeal the decision by following the steps below.

How to Appeal or Grieve a Coverage Decision

To appeal or grieve a coverage decision, please send to the address below a written explanation of why you feel the coverage was incorrect. Unless your plan specifies otherwise, this information may also be provided to a MSR over the phone. Please include with the explanation:

- The patient's name, relationship to member, address and telephone number
- Your Davis Vision, Inc. identification number
- If applicable, the name of the health care professional or facility that provided the service, including the date and description of the service(s) provided and the charge(s).

Send written appeals to: **Davis Vision, Inc.**
Attention: Quality Assurance / Patient Advocate Department
159 Express Street
Plainview, NY 11803

Members must file an appeal within 180 days of the date of this Explanation of Benefits notification of coverage decision. Davis Vision, Inc. will respond in writing to appeals within 60 calendar days.

If you are a member of an ERISA-regulated group health care plan and you have completed the appeals process without satisfaction, you may have the right to bring civil action under 502 (a) of ERISA. Federal, state and local government programs, church plans, and individual policies are not regulated by ERISA.