



Medication Claim Denial Appeal Form

Employees covered by the collective agreement between United Nurses of Alberta(UNA) and Covenant Health who have had claims for prescription medication denied may submit them for review and possible reimbursement.

Employees are required to appeal within 30 days of receiving their claim denial. Claims must meet the criteria as outlined in Article 21.01 (a)(ii) and supporting documentation must be supplied.

The completed form and documentation are to be emailed to benefits@covenanthealth.ca. Appeals will be reviewed within 14 days of receipt of the appeal form.

EMPLOYEE INFORMATION	
Last Name:	First Name:
Employee ID:	Telephone:
Email:	Claim Denial Date:
DOCUMENTATION (one of the following is required)	
<input type="checkbox"/> Copy of prescription*	
<input type="checkbox"/> Copy of pharmacy receipt (if dispensed) showing pharmacy prescription number	
AUTHORIZATION	
Employee Signature:	Date:

***Note:** where the claim was denied at the pharmacy, the pharmacy can provide the employee with confirmation of the denial.

Employees who cannot provide all documentation within 30 days of denial should submit their form for appeal and provide a date as to when they expect to forward the supporting documentation.

APPEAL RESULT	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Employer Signature:	Date:
Notes:	

If an appeal has been denied employees may contact their UNA representative for advice on further appealing the claim.