



Bigstone Health Benefits

16310 100 Avenue
Edmonton, Alberta T5P 4X5

Appeal Procedure

When you have been advised, in writing, that coverage for a benefit through Bigstone Health Benefits has been denied, you may appeal the decision. Only you, the client, parent, legal guardian, or legal representative of the client can initiate and submit the appeal. With the assistance of your provider, the appeal must include the supporting documentation listed below. Appeals must be submitted and received by our office within one year of the date the benefit was denied, except for orthodontic treatment appeals.

Required Supporting Documentation:

1. Signed letter containing; client full name, DOB, status number, full mailing address, phone number, benefit being appealed, and explanation of the need for the benefit.
2. The diagnosis and prognosis related to the benefit being appealed.
3. Relevant diagnostic test results
4. List any other alternatives that have been trialed.
5. Justification for the proposed treatment and any additional supporting information.
6. If client has another coverage including any government programs (e.g. Sun Life, Great West Life, Blue Cross, Jordan's Principle) provide the detailed statement or explanation of benefits from health plan. If not, indicate this in the appeal letter.
7. **For general dentistry** - numbers 1 through 6 plus; standard dental claim form, treatment plan, clinical assessment, and applicable radiographs (x-rays).
8. **For orthodontic treatment** - numbers 1 through 6 plus; oral hygiene status, caries status, and required documentation outlined within the Non-Insured Health Benefits Program Orthodontic Policy. Appeals must be submitted and received by our office before the client's 19th birthday.

There are three (3) levels of appeal available. At each level, the appeal must be accompanied with all required documentation. At each level, you will be provided with a written response of the decision. If you have not received a response in one (1) month of submitting your appeal, you may contact our office by calling 1-866-891-9719.

Level 1 - Submit to the **Bigstone Health Benefits Manager** at the Edmonton address below.

Level 2 - If you do not agree with the Level 1 decision and wish to proceed further, you can appeal to the next level, which is the **Chief Executive Officer** at the Wabasca address below.

Level 3 - If you do not agree with the Level 2 decision and wish to proceed further, you can appeal to the final level, which is the **Board of Directors of Bigstone Health Commission** at the Wabasca address below.

Mail your documents marked as "**CONFIDENTIAL APPEAL**" to either:

Bigstone Health Benefits
16310 100 Avenue NW
Edmonton, Alberta
T5P 4X5

Bigstone Health Commission
PO Box 1020
Wabasca, Alberta
T0G 2K0