Military Medical Support Office MMSO Worksheet-04 Rev. 09/15/2011

## **FORMAL APPEAL REQUEST**

## **Military Medical Support Office**

<b>Instructions</b> : Complete this form when submitting a formal appeal for denied medical care claim(s), denied pre-authorization request by the Military Medical Support Office (MMSO) only. See the MMSO website for detailed instructions at <a href="http://www.tricare.mil/mmso">http://www.tricare.mil/mmso</a>					
1. Branch of Service ☐ USA ☐ USA ☐ USA	λF 🔲 l	JSN	USMC	☐ ANG	□uscg
USAR USAR	√FR □ (	JSNR		R 🗌 ARNG	USCGR
2. Name (last, first, MI):		3. Rank	or Grade:	4. SSN (full)	
5. Duty Location (Unit name and location)			6. Daytime Phone #(s) (include area code)		
7. Type of Appeal (please ✓ one): ☐ Denied Claim ☐ Denied Pre-authorization Request					
8. Date of Injury/Illness (YYMMDD):  9. Date(s) of Care/Pre-authorization request (YYMMDD):					
5. Date of injury/filliness (1 fillinoid).					
10. Unit/Command Medical POC:				10A. POC Phone # (i	nclude area code)
To: One command modical F co.				10/11/00/11/01/07/(	noiddo drod oodo,
11. Appeal: Briefly state why the claim should be	naid or the de	nied nre-	authorization «	should be approved:	
71. Appeal. Bliefly state with the statin should be p	paid, or the de	inca pro	adinonization	snould be approved.	
Patient Signature:				Date Signe	ed
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