

### Request for the Appeal File Copy

Date:	Time:

**Section A: Beneficiary Information**

Last Name <input style="width: 95%;" type="text"/>	Second Last Name <input style="width: 95%;" type="text"/>	Name <input style="width: 95%;" type="text"/>
Contract Number <input style="width: 95%;" type="text"/>	PMG ID <input style="width: 95%;" type="text"/>	
Telephone Number <input style="width: 95%;" type="text"/>	Filing Date <input style="width: 95%;" type="text"/>	
Postal Address <input style="width: 95%;" type="text"/>		
City <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>	

**Section B: Describe your Request (if the applicant is not the beneficiary please include name). If you need additional space, please use the back side of this form.**

Beneficiary and/or Representative Signature

**Section C: For Official Use of First Medical**

Request Processed by: (Name and Position) <input style="width: 95%;" type="text"/>	Send Date <input style="width: 95%;" type="text"/>
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Comments:

Please be sure to complete all form fields. Once all is done you can deliver it through any of our Service Offices, send it by fax at 787-300-3931 or by mail at:

First Medical Health Plan, Inc.  
Departamento de Querellas y Apelaciones- FM Vital  
PO Box 195079  
San Juan, PR 00919-5079

<b>If you need additional space to Describe your Request (Section B), please use this space:</b>

If you have any questions, please contact our Customer Service Department at 1-844-347-7800 Monday through Friday from 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-844-347-7805. You can also visit our Service Offices, Monday through Friday from 8:00 a.m. to 5:00 p.m., or access our webpage at [www.firstmedicalvital.com](http://www.firstmedicalvital.com).

The Customer Services Department offers free language interpreter services and Sign Language. This includes, services in alternate formats such as; Braille, large print, and translation to other languages, verbally or written, amongst others. If you need plan information in another format or language, please contact our Customer Service Department at the number listed above.

El Departamento de Servicio al Cliente ofrece servicios de intérprete de idiomas y Lenguaje de Señas libre de costo. Esto incluye, servicio de formatos alternos tales como; Braille, letra agrandada y traducción a otros idiomas, verbal o escrito, entre otros. Si usted necesita información del plan en otro formato o lenguaje por favor comuníquese con nuestro Departamento de Servicio al Cliente al número que aparece anteriormente.