HEALTH REPUBLIC INSURANCE OF NEW YORK
LIQUIDATION ADMINISTRATION

APPEAL BY MAIL FORM FOR HRI MEMBERS

Please submit this form with supporting papers, if any, within 60 days of the date of the Explanation of Benefits (EOB)/Allowance to:

Health Republic Insurance of New York
Case Administration c/o GCG
P.O. Box 10266
Dublin, OH 43017-5766

CLAIM(S)

I object to the following specific claims:

Claim Number *	Date of Service (Number* DOS) *	Charged Amount *

HRI MEMBER

Member ID Number *	
HRI Member Name *	
Address *	
City, State and Zip *	
Email *	
Phone *	

*** - required fields**

REASON FOR APPEAL*