PEAK ONE
administration

LETTER OF APPEAL

Peak One Administration has developed this letter to assist you to appeal the outcome of a claim or decision made by Peak One based off your plan rules. Appeals will be reviewed by the Appeals Board and processed within 2-4 weeks. Please submit the original claim and any new supporting documentation.

Employer:	Date:
Employee	Last 4 Digits of Employee SS#
Reason for Appeal:	
Desired Outcome:	
Signature:	

For questions regarding your account, please call us at 866.315.1777

You can email this form to membercare@peakoneadmin.com, or mail to:
Peak One Administration Claims Processing
3903 E Primrose Lane, Suite 102
Post Falls, ID 83854

Please log in to your account at www.peakoneadmin.com to view your claim and reimbursement status.