

Claim Appeal Form

Please check box of the appropriate Plan.

- Marathon Petroleum Health Plan
- Marathon Petroleum Dental Plan
- Marathon Petroleum Vision Plan
- Marathon Petroleum Health Care Flexible Spending Account Plan
- Marathon Petroleum Health Reimbursement Account Plan
- Marathon Petroleum Employee Assistance Program
- Marathon Petroleum Pre-65 Health Plan
- Marathon Petroleum Pre-65 Dental Plan
- Marathon Petroleum Pre-65 Vision Plan

PLEASE NOTE: Prior to filing an appeal with Marathon Petroleum Company, you must first appeal any denial of benefits to the appropriate claims payer. Please attach a copy of the claims payer's first level appeal response to this appeal form.

Type of Appeal (select one):

- Non-Urgent Pre-Service Claim Appeal
- Urgent Pre-Service Claim Appeal
- Post-Service Claim Appeal
- Other – Appeal

Refer to the Plan text available on myMPCbenefits.com for information regarding the various types of appeals and applicable deadlines.

I. Claimant Information. Please list below the information on the individual (spouse or dependent if not the member) for whom the claim pertains:

Last Name, First Name, Middle Initial of Claimant

Last Name, First Name, Middle Initial of Plan Member

Street Address

Social Security Number of Plan Member

City, State, Zip

Plan Member ID Number (if applicable)

Phone Number (Daytime)

Phone Number (Evening)

II. Authorized Representative. If the individual filing the appeal is the claimant's authorized representative (i.e., a family member, treating physician or other provider, or other individual), then the [MPC Authorized Representative for Claims and Appeals Form](#) must be completed.

III. Information regarding the claim being appealed (please attach supporting documentation).

Date of Service*: _____
(*If pre-service, list anticipated date of service)

Service Provider: _____

--Continued--

Nature of Claim:

Reason you are appealing the claim:

Additional information helpful for the review:

I authorize the above-named Plan to investigate this claim and to obtain relevant information from the providers listed above.

Signature

Date

Submit Claim To: Plan Administrator
Marathon Petroleum Company Appeals
539 South Main Street
Room D-03-119
Findlay, OH 45840