

CDR APPEALS
PROCESSING/REVIEW FEE

Appeal Topic: _____

Reminder: If appeal is related to a medical, legal, or financial hardship situation, third-party documentation will be required to support the request/appeal.

Appellant Information:

ID Number: _____

Name: _____

Address: _____

City State Zip Code

Daytime Telephone Number: _____

Amount of Payment: \$20.00

Account Code: 104-415-3140-1736

Payment Method:

___ **Check:** Number - _____ Payment Date - _____

___ **Credit Card:** MasterCard Visa American Express Discover
(circle one)

Credit Card Information:

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date of Credit Card: _____