

ALLSTATE'S 2nd Look GUARANTEE

Allstate is committed to resolving issues that may arise as a result of medical bill processing. In the event that you disagree with our payment decision and your claim has been denied in whole or in part, you may request a **2nd Look**.

Requests for a **2nd Look** should be sent to Allstate within one week of receipt of your denial. Please state the specific reason(s) you believe this claim was improperly denied. Submit any new documentation along with a copy of the disputed items(s) and we will send you a response within fifteen (15) calendar days from receipt of your request. Feel free to contact your file handler to discuss any issues, concerns or questions you may have.

Send your request for a 2nd Look to:

ALLSTATE INSURANCE COMPANY

**440519
Kennesaw GA 30160**

Please return this form with a copy of the original denial document (titled Explanation of Benefits) along with the following information and your attachments:

Claim Number: _____

Provider's Name: _____

Date(s) of Service: _____

Procedure in Question: _____

Reason for 2nd Look: _____

Signature _____ Phone# _____ Date ____/____/____

****Providers, please submit a separate request for each bill****

