



New Jersey MetLife Appeals Information

EXHIBIT E - MetLife Appeals Process

A provider may appeal an adverse decision, on behalf of the patient, by writing directly to the Dental Claims department. The provider may submit additional documentation to support their appeal. This request for review must be sent to MetLife, Group Claims Review, P.O. Box 14589, Lexington, KY 40512, within 180 days of the date you received notice of the adverse benefit determination. When requesting a review of an adverse benefit determination, please state the reason you believe the claim for benefits was improperly denied, and whether you are requesting a first or second review. You may submit any comments, questions, documents, or information you deem appropriate. We will review your claim your claim within 30 days of receipt and provide you with a written or electronic explanation of our benefit determination in a manner you can understand.