



Kingston Trust Compliance  
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Woodstock, GA 30188

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### Member Appeal Form

Today's Date:

Member ID Number:

Member Name:

Patient Name:

Phone Number:

Email Address:

Date of Service:

Provider:

Please explain why you disagree with the way your claim was processed:

If you have additional documentation to submit with your appeal, such as a letter from your provider or copy of your bill, please email it with this form to [appeals@ktftrustfund.com](mailto:appeals@ktftrustfund.com).

You should receive a response within 30 days of submitting this form.

Visit your Plan website for additional information about your appeal rights and benefit information.

If you have any additional questions, contact the Compliance Office at 844-583-3863x5.