

\*Today's Date (MM/DD/YY):

**PROVIDER INFORMATION**

\*Provider Name

\*Contact Name

\*NPI

\*Contact Phone Number

Contact Email

Contact Fax Number

\*Contact Address

**MEMBER/CLAIM INFORMATION**

\*Member Name

\*Claim Number

\*Member ID (including prefix)

\*Denial Code(s)

\*Date(s) of Service (MM/DD/YY)

**TYPE OF APPEAL\***

(CHECK ONE OF THE FOLLOWING REASONS FOR DENIAL OR CLAIMED UNDERPAYMENT, AND ATTACH ALL SUPPORTING DOCUMENTATION, INCLUDING ANY NECESSARY MEMBER AUTHORIZATION)

**Contract Term(s):** Original claim was not paid or processed in accordance with contract terms.

**Coordination of Benefits:** Original claim denied or closed pending receipt of additional information from another insurer or other reason related to COB.

**Corrected Claim:** Previously processed claim was denied for a defect and/or error and requires a correction. Please specify the correction to be made: \_\_\_\_\_

**Duplicate Claim:** Original claim denied as duplicate to a previously finalized claim.

**Timely Filing:** Original claim denied for untimely filing (and proof of timely filing is attached).

**Precertification/notification or Prior-Authorization:** Original claim denied or Provider received reduced payment for failure to notify or pre-authorize services or exceeding authorized limits (and proof of valid notification/authorization is attached).

**Medical Necessity:** Original claim denied as a result of medical necessity/utilization review decision.

**Referral Denial:** Original claim denied as invalid or missing a required referral.

**Request for Additional Information:** Original claim denied due to missing or incomplete information (and missing information or identification of such information in previously-submitted records is attached).

**Other Type of Denial/Claimed Underpayment:**

**Brief Explanation:**

**FOR PROVIDER USE ONLY**

**INCOMPLETE OR DISALLOWED SUBMISSIONS WILL BE RETURNED**

**NOTHING IN THIS FORM CREATES A RIGHT TO APPEAL WHERE NONE EXISTS UNDER AN APPLICABLE AGREEMENT OR LAW**