PROVIDER *claim appeal*

If the insurance company denies coverage, or provides inappropriate payment for any procedure, the provider has the right to appeal the claim. Most provider contracts will include the guidelines for the appropriate appeals process with the payer. Most payers will require the submission of patient information, claim information, and a payer-specific claim/appeal form.

The provider must submit one appeal per claim for each patient. Provider claim appeals also have timeliness requirements that must be met. These timeliness guidelines are generally part of the provider agreement.

The following information is generally required by all payers. Some payers may have specific provider guidelines that must be followed. Be prepared to submit the following information, at a minimum, when requesting a claim appeal.

Date of Appeal Request: _____

PHYSICIAN/PROVIDER INFORMATION

Name | Tax ID Number

Address

City | State | ZIP Code

Phone Number | Fax

Office Contact Name | Office Contact Email

Provider Number | NPI Number

PATIENT INSURANCE INFORMATION

Member/Contract ID | Group Number

Member Name | Date of Birth

Claim Number | Date of Service

Total Charges

Authorization/Precertification Number (if applicable)

Reason for Appeal

Attach supporting documentation:

1. Copy of the Remittance Advice: indicate the code(s) or service(s) being appealed.
2. Medical documentation related to the appeal (medical records, operative report, etc.).
3. Supporting documentation: copy of claim form submitted to insurance company.
4. Any additional documentation that will assist in the review.

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