



Provider Payment Dispute Request Form

Provider Payment Dispute Request Form Filing on Member's Behalf Member appeals for medical necessity, out-of-network services, or benefit denials, or services for which the member can be held financially liable for services must be accompanied by an Appointment of Representation form or other office documentation signed and dated by the member you are appealing on behalf of, unless you are an attorney, power of attorney, court appointed guardian or health care proxy agent with associated documentation.

Expedited Request

Applies when the standard timeframe could jeopardize the life or health of the member, or the member's ability to regain maximum function.

Documentation needed: All Medical Information Needed to Determine Medical Necessity Examples:

- Inpatient or Observation stays - Doctor orders, progress notes, ER notes, medication record, lab reports, nurses notes, consultation reports, PT/OT/ST notes (if applicable)
- Procedures - procedure report, supporting consultation reports, PCP progress notes, Referring MD script Consultations- consultation report, Referring MD script
- PT, OT, ST - progress notes, evaluations, summaries, Referring MD script
- Radiology - reports, Referring MD script
- Timely filing - billing notes, fax confirmation, certified mail card signed