**PROVIDER APPEAL FORM**

Use this form as part of the Delaware First Health request for formal administrative claim appeal for re-evaluation or exception to a plan policy or contract requirement such as benefit limitations, eligibility, failure to obtain authorization or unsupported timely filing.

|  |  |
| --- | --- |
| Name/ Address of person submitting appeal:  Click or tap here to enter text. | Date:  Click or tap here to enter text. |
| Provider Name:  Click or tap here to enter text. | Provider Tax ID Number:  Click or tap here to enter text. |
| Control/claim Number:  Click or tap here to enter text. | Date(s) of service:  Click or tap here to enter text. |
| Member Name:  Click or tap here to enter text. | Member ID Number:  Click or tap here to enter text. |

**Reason for appeal:**

Claim was denied for no authorization, but authorization # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was obtained

Claim was denied for no authorization, but no authorization is required for this service

Claim was denied for untimely filing error (attach proof of timely filing)

Claim was denied for global/ unbundled procedure (attach medical records)

Claim was denied for benefit limitations

Other (please explain): we didn’t get an authorization because xyz … \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail completed form and attachments to:**

Delaware First Health

Appeals Department

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