**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.

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| --- | --- |
| 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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