



Instructions for Completion of Physician/Professional Provider & Facility/Ancillary Request for Claim Appeal/Reconsideration Review Form

- **ALL** claim appeal/reconsideration review requests **MUST BE SUBMITTED** on this form.
- **ALL** claim data and provider data fields on this form **MUST BE COMPLETED**.
- Physicians/Professional Providers & Facility/Ancillary should include any additional information that they feel is pertinent to the claim appeal/reconsideration review. However, **DO NOT** attach claim forms unless changes have been made to the original claim that was submitted.
- If attaching a corrected claim or any other correspondence, always place the "Physician/Professional Provider & Facility/Ancillary Request for Claim Appeal/Reconsideration Review" form on top.
- Specify the "Reason for Claim Appeal/Reconsideration Review" on the form. If you do not specify, your issue may not get resolved.
- **This form may be photocopied on white paper for future use.**
- **DO NOT** submit any "Physician/Professional Provider & Facility/Ancillary Request for Claim Appeal/Reconsideration Review" forms on **COLORED** paper! While this may appear to bring attention to your request, it does not scan well, and may cause items to be illegible.