Provider Claim Dispute & Provider-initiated Appeal Form

Before completing this form for the Grievances and Appeal Unit (GAU), please consult the Claim Form Finder on NHPRI.org

Do not use this form for claim denials requiring Corrected Claims, Adjustments, or Reconsiderations

With your request, please include:

- ☐ This completed form and/or a letter on office letterhead with a clear outline of what you are asking GAU to review
- ☐ Copy of the claim you are asking GAU to review and/or clear indication of the claim ID#/denied line #
- ☐ Supporting documentation

Member Name		**Member ID**	
Date/s of Service		**Claim Number/ID**	

Provider Name			**Provider NPI**		
Provider Address					
Contact Name		**Phone #**		**Fax #**	

Description of your request (**If you have questions, please call Provider Services at 800-963-1001**):

DO NOT use this form for the following (use the Claim Form Finder for next steps)

☐ Corrected Claim Void ☐ Corrected Claim Replacement	☐ Adjustment Request ☐ Reconsideration Request	☐ COB denials ☐ Claim Edit Denials	☐ Duplicate Claim Denials ☐ Incorrect Payment as per contract	☐ Rejected Claims ☐ Over or underpaid claims

DO use this form for the following Provider Claim Disputes:

- ☐ Claims Department Reconsideration Request was denied, claim dispute via GAU is next step
- ☐ Provider disagreement with the Claims Department's decision following processing of an Adjustment Request for a Timely Filing Denial
- ☐ Claim denied for No Authorization because the provider's office did not follow the retro-authorization requirements outlined in the Provider Manual

DO use this form for Provider-initiated Appeal, for reasons such as (this is not an all-inclusive list):

- ☐ Denial received from Neighborhood's Utilization Management (UM) or Pharmacy department
- ☐ Benefit appeal on behalf of a member when the provider is asking for coverage of a non-covered medication or service due to medical necessity
- ☐ When a provider believes they received incomplete/inaccurate information from the Neighborhood call center or our delegated entities before rendering a service resulting in a claim denial
- ☐ When a claim denies due to preauthorization previously denied by Neighborhood's Utilization Management department

Details of what you would like GAU to review: ☐ **Provider Claim Dispute** ☐ **Provider-initiated Appeal**

Fax or Mail completed form and attachments to:

Neighborhood Health Plan of Rhode Island
Attn: Grievances and Appeals Unit (GAU)
910 Douglas Pike
Smithfield, RI 02917
FAX: 401-709-7005