Provider Appeal Request Form

910 Douglas Pike, Smithfield, RI 02917 : 1-800-963-1001 : nhpri.org

- To request an appeal, the following items **must** be submitted:
  - ❑ An appeal letter on office letterhead
  - ❑ A copy of the claim
  - ❑ A completed Provider Appeal Request Form
  - ❑ All supportive documentation (as applicable)

Appeal requests will not be accepted if any required information is missing.

1. Please complete the following:

Member Name / ID #	
Claim number(s)	
Date(s) of service	

Provider Name / NPI#	
Provider Address	
Contact Name	
Contact Phone # / E-mail	

2. Description of request:

3. **Please fax completed form and any attachments to: (401) 709-7005**

OR mail documents to: **Neighborhood Health Plan of RI**
Attn: Grievance and Appeals Unit
910 Douglas Pike
Smithfield, RI 02917

If you have any questions, please contact Provider Claims Services at (401) 459-6080. Thank you!