Enrollee Appeal Request

Please use this form when submitting a standard appeal to Neighborhood Health Plan of Rhode Island. To avoid delays in processing your appeal request, please attach all relevant information and fax or mail it with this form. If you need to file a fast appeal, please call Member Services at the number below.

As a reminder, you may also call member services at 1-844-812-6896 to file your appeal. TTY users should call 711. We are open 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Step 1		
Enrollee ID:	Name:	
Address:	City:	State: Zip:
Telephone:	Email:	
Date of Service:	Claim # (if available)	

Step 2			
Please tell us what you are appealing:			
☐Service or supply denied: not a covered benefit.	☐Service or supply denied: not medically necessary.	☐ Enrollee reimbursement denied.	☐Other (please describe in detail below)

Step 3
Please provide a brief description of your appeal. If more space is needed, please write on separate sheet or back of this form.

Step 4	
Please check one:	
Additional Documentation attached.☐	No additional documentation attached.☐

Step 5
Please send this form and supporting documentation to:
Neighborhood Health Plan of Rhode Island Grievances and Appeals Department 910 Douglas Pike Smithfield, RI 02917 **Fax:** (401) 709-7005

Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

This information is available for free in other languages. Please call our Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Esta información está disponible de forma gratuita en otros idiomas. Por favor llame a nuestro Departamento de Servicios para Miembros al 1-844-812-6896 (TTY 711) de 8 am a 8 pm, lunes-viernes; sábados de 8 am a 12 pm. Los sábados por la tarde, domingos y días festivos federales, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día laborable. La llamada es gratuita.

Estas informações estão disponíveis gratuitamente noutros idiomas. Por favor telefone para os Serviços dos Membros em 1-844-812-6896 (TTY 711), das 8 às 20 horas, de Segunda a Sexta-feira; e das 8 às 12 (meio-dia) aos Sábados. Nos Sábados à tarde, Domingos e feriados federais, poderá ser-lhe pedido que deixe uma mensagem. A sua chamada será respondida no próximo dia útil. Esta chamada é grátis.