Clinical Authorization Appeal Form

Attn: Provider Appeals
Fax Number: (567) 585 – 9500
Standard Mail: P.O. Box 497 Toledo, OH 43697-0497
Contracted providers are subject to Appeal Timely Filing contract language. Non-Contracted Providers are subject to UCM Default of (60) sixty calendar days in accordance with 29 CFR 2560.503-1

Provider Name	Click or tap here to enter text.	**NPI Number**	Click or tap here to enter text.
Provider ID Number	Click or tap here to enter text.	**Phone Number**	Click or tap here to enter text.
Contact Name	Click or tap here to enter text.	**Fax Number**	Click or tap here to enter text.
Date of Request	Click or tap here to enter text.	**Place of Service**	Click or tap here to enter text.
Member Name	Click or tap here to enter text.	**Member Date of Birth**	Click or tap here to enter text.
Member ID Number	Click or tap here to enter text.	**Claim Number**	Click or tap here to enter text.
Date of Service	Click or tap here to enter text.	**Authorization Reference Number**	Click or tap here to enter text.
Billed Amount	Click or tap here to enter text.	**Denied Explain Code**	Click or tap here to enter text.

(Mandatory) Please select the specific product line and appeal type listed below

Readmission Check if applicable (526) ☐			**Retro Authorization** Check if applicable (527) ☐
Authorization Adverse Clinical Determination Check if applicable ☐			Please provide discharge summary from previous admission and clinical information supporting your request. **DO NOT SEND ENTIRE INPATIENT MEDICAL RECORDS**
If you selected Authorization Adverse Clinical Determination please indicate the type of authorization denial as listed below (Only Select One)			Please provide confirmation of your fax request sent in a timely manner, documentation showing the member presented as self-pay, AND/OR Other insurance.
☐ HHC (539)	☐ Skilled Nursing Facility (543)	☐ Out of Plan (542)	ENTER RATIONALE FOR APPEAL HERE:
☐ Drug on Medical Claim (115)	☐ Genetic Testing (537)	☐ LTAC/Rehab (543)	
☐ Imaging (540)	☐ Medical/ Surgical (536)	☐ DME (538)	
☐ Inpatient (543)	☐ Behavioral Health (535)	☐ Other (87)	

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