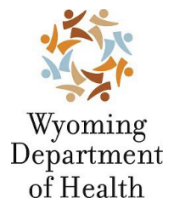


APPEAL/GRIEVANCE

2ND LEVEL REQUEST FORM



Received Date: ___/___/___ Ref #: _____ Review Type: ___Appeal ___Grievance

Review Category:	Procedure Code	Dx Code	Taxonomy Add
	NCCI Denial	OPPS	Claim Denied per Policy
	PA	Timely Filing	Not Billing TPL
	Adjustment	Payment Dispute	General Complaint

Review Requested of: _____

Sending Department: ___Medical Policy ___Provider Relations ___Claims ___TPL

Explanation:

Included in request:

- | | |
|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Letter from Complainant | <input type="checkbox"/> Research Documentation |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Original Request |
| <input type="checkbox"/> Claims Attachments | <input type="checkbox"/> Original PA Request |
| <input type="checkbox"/> Claims History Query | <input type="checkbox"/> PA Supporting Information |
| <input type="checkbox"/> Call Log | <input type="checkbox"/> Other Correspondence |

Sending Entity: _____

Email: _____ **Phone:** _____