group health Cooperative of eau claire

Provider Appeal Form

****If you are submitting a timely corrected claim, you do not need to fax this form. Please fax your information to the Claims Department at 715-598-7525.****

**** Requests received without the required information will not be reviewed. Please review EOB to determine what is required.****

Provider Information

Provider Name (please print)	Address	
Contact Name	Phone	Fax
Contact Email		Date Submitted

Member Information

Member Name (please print)	Date of Birth	Member ID#
Claim Date(s) of Service	Billed Amount(s)	Claim Number (ICN)

Is the denial member's responsibility? ☐Yes ☐No

☐ Medicaid Member ☐ Medicare Advantage Member ☐ Commercial Member ☐ ETF Member

Submission Type

☐ First Request ☐ Subsequent Request (New Documentation)

Type of Appeal

Please select one of the following:

☐ Timely Filing

☐ Incorrect Coding Review - Claims that have been returned for incorrect coding (e.g. bundling, inappropriate modifier, invalid diagnosis, CTP code). Please provide reason you believe the claims have been coded correctly in the "Other" section (stating that claim is coded correctly is not enough information for review).

☐ Non-covered

☐ Coding Denial Reconsideration Request - An appeal will be considered when the provider sends medical records accompanied by this form and/or letter explaining what the appeal/reconsideration is in detail. Medical records alone will be placed into Member's record until written explanation of issue to be reviewed is received. Please provide additional explanation in "Other"

☐ Other Insurance/Liability

☐ Dispute Payment Amount

☐ Refund Dispute

☐ Lack of Authorization/Referral

☐ Other (explain below)

Please include any of the following:

☐ Copy of Claim

☐ For Non-contracted Medicare Providers: Waiver of Liability Form

☐ Supporting documentation:
- Clinical notes
- Proof of timely filing
- Other information to support your request

PLEASE FAX COMPLETED FORM TO: Group Health Cooperative of Eau Claire, Attn: Appeals - Fax: 715.598.7538
OR MAIL TO: Group Health Cooperative of Eau Claire, Attn: Appeals, PO Box 3217, Eau Claire, WI 54702