

Provider Appeal Form: Level I

Submit this form to request reconsideration or formal appeal of nonpayment of claims. Submit a separate Provider Appeal Form for each appeal. All pertinent supporting documentation must be attached. Appeals received without appropriate supporting documentation will be returned unprocessed. Claim payment status can be viewed in your Provider Center account at priorityhealth.com.

- **Do not use this form to status claims, submit corrected claims or submit secondary insurance claims.**
See “Corrections” at priorityhealth.com/provider/manual.
- **Priority Health Medicare reviews or appeals**
Before completing this form see the “Reviews and appeals” section at priorityhealth.com/provider/manual.

Submitter contact information

Provider/facility Name	Tax ID	Contact name
Phone	Fax	Email

Member information

Member last name	Member first name	Contract number

Claim Information

Claim number	Date(s) of service(s)	Total charge(s)
Inquiry number (if applicable)	Disputed codes (must include supporting documentation)	

Explanation of dispute (attach letter if necessary)

Select appropriate box and fax or mail as indicated below:

Coding appeal – You believe a claim has denied or paid incorrectly due to a clinical edit or notes requested for processing.

Coding/Clinical Edit Resubmission with Notes

Fax: 616 975-8881 (preferred)

Mail: Code Review 1231 E. Beltline NE MS 2315 Grand Rapids, MI 49525-4501

Medical appeal – Request for retrospective payment review based on non-covered services, denial for authorization/medical necessity, or DRG/readmission issues.

Authorizations/Medical Necessity DRG Inpatient Denials Readmission Denials

Fax: 616 942-0024 (preferred)

Mail: Medical Appeal 1231 E. Beltline NE MS 1255 Grand Rapids, MI 49525-4501

Administrative appeal – You believe a claim has denied or paid incorrectly and have additional information to be reviewed.

Filing Limit AIM Authorizations Reimbursement Dispute

Fax: 616 975-8856 (preferred)

Mail: Administrative Appeal 1231 E. Beltline NE MS 2260 Grand Rapids, MI 49525-4501

All fields are required. Appeals received without appropriate supporting documentation will be returned unprocessed. Review guidelines at priorityhealth.com/provider/manual. Select “Reviews and appeals.”