# Provider Appeal Submission Form

AmeriHealth Caritas Next

A product of AmeriHealth Caritas VIP Next, Inc.

A provider appeal may be registered by completing this form and mailing it with any supporting documentation to the address below:

**AmeriHealth Caritas Next**
**Provider Appeals**
**P.O. Box 7429 London, KY 40742-7429**

**Submission date:**

## Section I: Provider/facility information

| | |
|---|---|
| Health care provider/facility name: | |
| Requesting provider signature: | |
| Submitter name (if different from above): | |
| Phone: | Fax: |
| Tax ID: | NPI: |
| Provider mailing address: | |
| Referring health care professional name (if applicable): | |

## Section II: Member information (if applicable)

| |
|---|
| Member name: |
| Member date of birth: |
| Member ID (copy from member ID card): |

## Section III: Claim information (if applicable)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Claim identification number: | | | | | | | |
| Date of notification/payment from plan: | | | | | | | |
| Date of service To: | | | | From: | | | |
| CPT codes | | | | | | | |
| Diagnosis codes | | | | | | | |

A provider has the right to appeal adverse actions taken by AmeriHealth Caritas Next. Appeals are available to a provider including the following reasons. **Please indicate the type of appeal.**

- ☐ **Program integrity-related findings or activities**
  - ☐ Finding of fraud, waste, or abuse by the plan
  - ☐ Finding of or recovery of an overpayment by the plan
  - ☐ Withholding or suspension of a payment related to fraud, waste, or abuse concerns
- ☐ **Denial of a claim**
  - ☐ Provide denial reason

☐ **Credentialing-related reasons**

- ☐ A determination not to renew or an existing contract based solely on objective quality reasons outlined in AmeriHealth Caritas Next Objective Quality Standards
- ☐ A determination not to initially credential and contract with a provider based on objective quality reasons

☐ **Agreement-related reasons**

- ☐ Violation of the agreement between AmeriHealth Caritas Next and the provider.
- ☐ Termination of a Provider Agreement before the agreement period has ended for reasons other than when AmeriHealth Caritas Next's Fraud Control Unit, Centers for Medicare and Medicaid (CMS), Delaware Department of Insurance, or a government agency has required the plan to terminate the agreement.

☐ **Other reason**

☐ Supporting documentation attached

State your rationale for the appeal and the expected outcome **(please attach any supporting documentation)**:

If you have any questions, please call your Account Executive or Provider Services at **1-833-301-3377.**