

Before completing this form for the Grievances and Appeal Unit (GAU), please consult the [Claim Form Finder](#) on NHPRI.org

\*Do not use this form for claim denials requiring Corrected Claims, Adjustments, or Reconsiderations\*

**With your request, please include:**

- This completed form and/or a letter on office letterhead with a clear outline of what you are asking GAU to review
- Copy of the claim you are asking GAU to review and/or clear indication of the claim ID#/denied line #
- Supporting documentation

<b>Member Name</b>		<b>Member ID</b>	
<b>Date/s of Service</b>		<b>Claim Number/ID</b>	

<b>Provider Name</b>	<b>Provider NPI</b>			
<b>Provider Address</b>				
<b>Contact Name</b>	<b>Phone #</b>	<b>Fax #</b>		

**Description of your request (If you have questions, please call Provider Services at 800-963-1001):**

<b>DO NOT use this form for the following (use the Claim Form Finder for next steps)</b>				
<input type="checkbox"/> Corrected Claim Void	<input type="checkbox"/> Adjustment Request	<input type="checkbox"/> COB denials	<input type="checkbox"/> Duplicate Claim Denials	<input type="checkbox"/> Rejected Claims
<input type="checkbox"/> Corrected Claim Replacement	<input type="checkbox"/> Reconsideration Request	<input type="checkbox"/> Claim Edit Denials	<input type="checkbox"/> Incorrect Payment as per contract	<input type="checkbox"/> Over or underpaid claims
<b>DO use this form for the following Provider Claim Disputes:</b>				
<input type="checkbox"/> Claims Department Reconsideration Request was denied, claim dispute via GAU is next step <input type="checkbox"/> Provider disagreement with the Claims Department's decision following processing of an Adjustment Request for a Timely Filing Denial <input type="checkbox"/> Claim denied for No Authorization because the provider's office did not follow the retro-authorization requirements outlined in the Provider Manual				
<b>DO use this form for Provider-initiated Appeal, for reasons such as (this is not an all-inclusive list):</b>				
<input type="checkbox"/> Denial received from Neighborhood's Utilization Management (UM) or Pharmacy department <input type="checkbox"/> Benefit appeal on behalf of a member when the provider is asking for coverage of a non-covered medication or service due to medical necessity <input type="checkbox"/> When a provider believes they received incomplete/inaccurate information from the Neighborhood call center or our delegated entities <u>before</u> rendering a service resulting in a claim denial <input type="checkbox"/> When a claim denies due to preauthorization previously denied by Neighborhood's Utilization Management department				
<b>Details of what you would like GAU to review:</b>				
		<b>Provider Claim Dispute</b>	<b>Provider-initiated Appeal</b>	

**Fax or Mail completed form and attachments to:**

Neighborhood Health Plan of Rhode Island  
 Attn: Grievances and Appeals Unit (GAU)  
 910 Douglas Pike  
 Smithfield, RI 02917  
**Fax:** 401-709-7005 or **Email:** [GAUMailbox@nhpri.org](mailto:GAUMailbox@nhpri.org)