

Enrollee Appeal Request

Please use this form when submitting a standard appeal to Neighborhood Health Plan of Rhode Island. To avoid delays in processing your appeal request, please attach all relevant information and fax or mail it with this form. If you need to file a fast appeal, please call Member Services at the number below.

As a reminder, you may also call member services at 1-844-812-6896 to file your appeal. TTY users should call 711. We are open 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Step 1			
Enrollee ID:	Name:		
Address:	City:	State:	Zip:
Telephone:	Email:		
Date of Service:	Claim # (if available)		
Step 2			
Please tell us what you are appealing:			
<input type="checkbox"/> Service or supply denied: not a covered benefit.	<input type="checkbox"/> Service or supply denied: not medically necessary.	<input type="checkbox"/> Enrollee reimbursement denied.	<input type="checkbox"/> Other (please describe in detail below)
Step 3			
Please provide a brief description of your appeal. If more space is needed, please write on separate sheet or back of this form.			
Step 4			
Please check one:			
Additional Documentation attached. <input type="checkbox"/>		No additional documentation attached. <input type="checkbox"/>	
Step 5			
Please send this form and supporting documentation to:			
Neighborhood Health Plan of Rhode Island Grievances and Appeals Department 910 Douglas Pike Smithfield, RI 02917 Fax: (401) 709-7005			

Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.

ATENÇÃO: Se fala português, estão disponíveis serviços de assistência linguística gratuitamente. Ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711), das 8h às 20h, de segunda a sexta-feira; e das 8h às 12h, ao sábado, domingos e feriados. Nas tardes de sábado, domingos e feriados, pode ser convidado a deixar uma mensagem. A sua chamada será devolvida no dia útil seguinte. A chamada é gratuita.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសា
ដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711)
ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។
នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។
ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។ ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

