



Completing the
Electronic Claim
Reconsideration
Request Form






CLAIMS

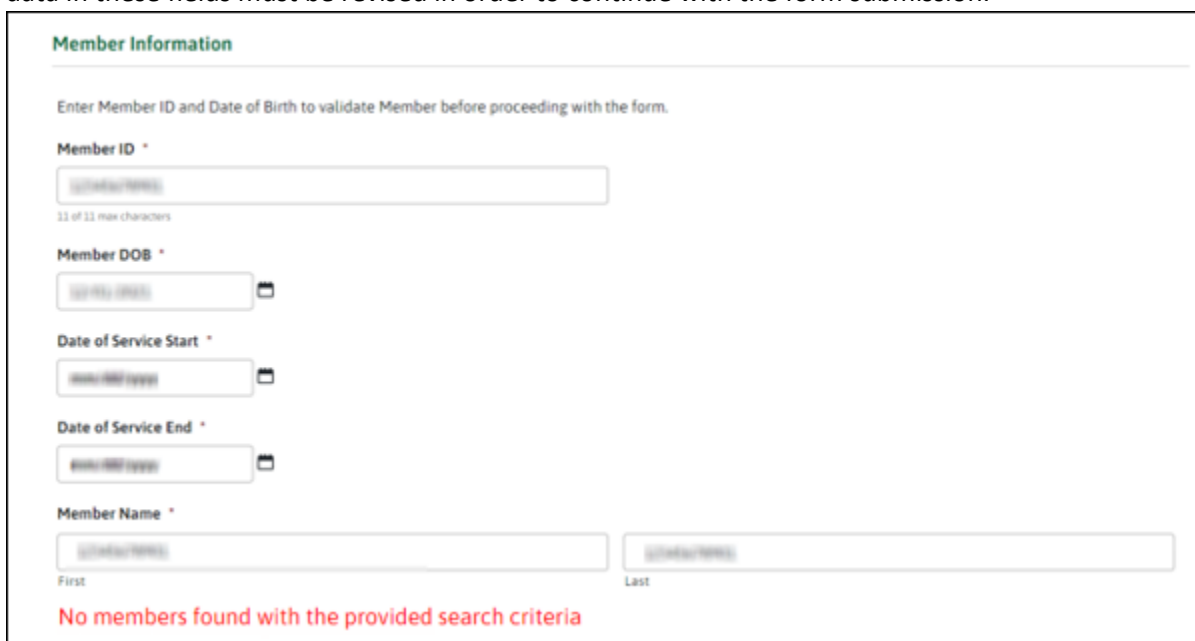
COMPLETING THE ELECTRONIC CLAIM
RECONSIDERATION REQUEST FORM

© Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, R.I. 02917
1-800-459-6019 (Main)



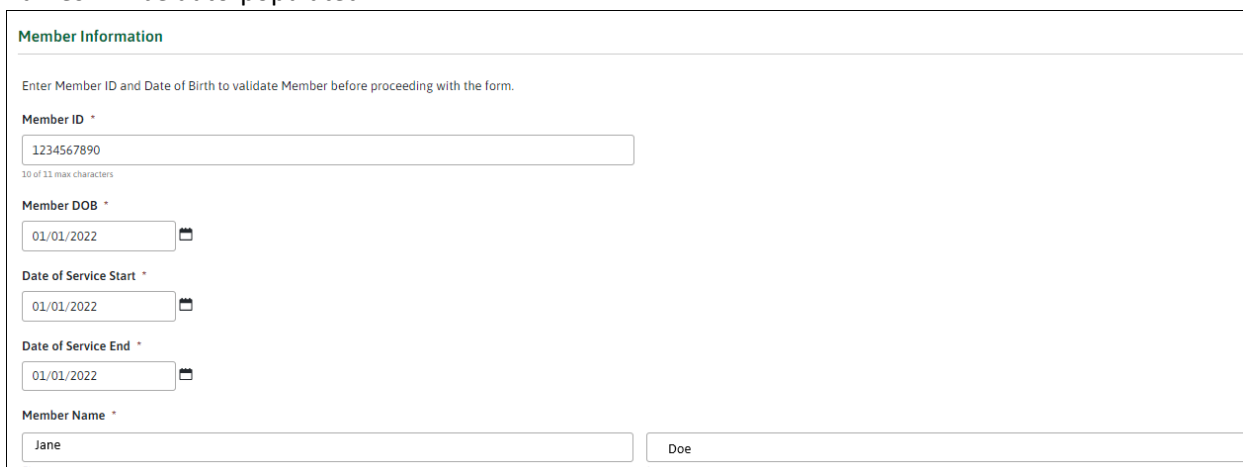
To request a reconsideration review of a previously denied claim, medical notes are required for each individual claim. Please have them ready for upload before starting the form.

1. All fields marked with an * are required and must be completed to successfully submit the form.
2. Enter Member ID and Date of Birth to validate member eligibility. If an incorrect Member ID and/or Date of Birth is entered, left blank, or if the Member ID is not in effect on the Date of Service Start, an error message “No members found with the provided criteria” will appear. Incorrect or missing data in these fields must be revised in order to continue with the form submission.



The screenshot shows a web form titled "Member Information". Below the title is a sub-header "Member Information" and a instruction: "Enter Member ID and Date of Birth to validate Member before proceeding with the form." The form contains several input fields: "Member ID *" (with a placeholder "XXXXXXXXXXXX" and a note "11 of 11 max characters"), "Member DOB *" (with a placeholder "MM/DD/YYYY" and a calendar icon), "Date of Service Start *" (with a placeholder "MM/DD/YYYY" and a calendar icon), "Date of Service End *" (with a placeholder "MM/DD/YYYY" and a calendar icon), and "Member Name *" (split into "First" and "Last" fields, both with placeholder "XXXXXXXXXXXX"). At the bottom of the form, a red error message reads: "No members found with the provided search criteria".

3. When a valid Member ID, Date of Birth and Date of Service are entered, the Member first and last names will be auto-populated.



The screenshot shows the same "Member Information" form as above, but with the following values entered: "Member ID" is "1234567890" (with a note "10 of 11 max characters"), "Member DOB" is "01/01/2022", "Date of Service Start" is "01/01/2022", and "Date of Service End" is "01/01/2022". The "Member Name" fields are now auto-populated: "First" is "Jane" and "Last" is "Doe".

4. Similarly, entering a valid Group Billing NPI number will auto-populate the Group Billing Name.

Claims Reconsideration Request Form

Your request has been submitted and confirmed received. Your reference number is 111111111111.

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9. A confirmation email is also sent to the email address provided on the request form.

Your request has been submitted and confirmed received. Your reference number is 111111111111. Please do not reply to this email.

For status regarding this request please call Provider Services at **800-963-1001** with your reference number. Please allow 30 days for a determination before calling.