Provider Claim Dispute & Provider-initiated Appeal Form

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

Member Name		Member ID	
Date/s of Service		Claim Number/ID	

Provider Name		Provider NPI	
Provider Address			
Contact Name		Phone #	Fax #

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

DO NOT use this form for the following (use the Claim Form Finder for next steps)				
☐ Corrected Claim Void ☐ Corrected Claim Replacement	☐ Adjustment Request ☐ Reconsideration Request	☐ COB denials ☐ Claim Edit Denials	☐ Duplicate Claim Denials ☐ Incorrect Payment as per contract	☐ Rejected Claims ☐ Over or underpaid claims

DO use this form for the following Provider Claim Disputes:

☐ Claims Department Reconsideration Request was denied, claim dispute via GAU is next step
☐ Provider disagreement with the Claims Department's decision following processing of an Adjustment Request for a Timely Filing Denial
☐ Claim denied for No Authorization because the provider's office did not follow the retro-authorization requirements outlined in the Provider Manual

DO use this form for Provider-initiated Appeal, for reasons such as (this is not an all-inclusive list):

☐ Denial received from Neighborhood's Utilization Management (UM) or Pharmacy department
☐ 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
☐ When a provider believes they received incomplete/inaccurate information from the Neighborhood call center or our delegated entities before rendering a service resulting in a claim denial
☐ When a claim denies due to preauthorization previously denied by Neighborhood's Utilization Management department

Details of what you would like GAU to review: **Provider Claim Dispute**   **Provider-initiated Appeal**

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