

## Provider 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 provider/physician letterhead with a clear outline of what denied service or benefit you are appealing
- Supporting clinical documentation

Member Name		Member ID	
Date of Service		Claim ID #/ Denied Authorization #	
Provider Name		Provider NPI	
Provider Address			
Contact Name		Phone #	Fax #

**Providers may use this form for reasons including, but not limited to:**

- 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 service due to medical necessity or non-covered medication
- 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 UM Department
- Provider disagrees with the Claim Department's adverse decision of a Reconsideration or Adjustment Request
- Claim denied for no authorization because the provider's office did not follow the retro-authorization requirements outlined in the Provider Manual

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

**Fax, e-mail, or mail completed form and attachments to:**

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

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