UniCare
An Anthem Company

UniCare Health Plan of West Virginia, Inc.
Mountain Health Trust

Provider Appeal Request Form

Please use this form to appeal an action we have taken related to a claim or authorization for services. Fill out the form completely and keep a copy for your records. Send this form with **all** pertinent medical documentation (see list of examples on following page) to:

UniCare Health Plan of West Virginia, Inc.
Attn: Grievance and Appeals Department
P.O. Box 91
Charleston, WV 25321-0091

You may also fax the completed form and all documentation to: **844-882-3520**.

Appeal request date:		Has the service been provided?	☐ Yes ☐ No
Is this an expedited request? (See next page for definition of expedited request.)			☐ Yes ☐ No

Provider information		**Patient information**	
Name:		Name:	
National provider ID (NPI):		Date of birth:	
Tax identification number:		Member ID:	
Address:			
City:		**Service information**	
Telephone:		Date(s) of service:	
Fax:		Place of service:	
Contact person:			

Reason for denial (from *EOB* or notice of action letter):		
☐ Medical necessity	☐ Benefits exhausted	☐ Out of network
☐ Lack of information	☐ Untimely filing	☐ Not a covered benefit
☐ Lack of prior authorization	☐ Invalid code	☐ Inclusive
☐ Exceeds authorization	☐ Incidental	☐ Exclusive
☐ Claim not billed as authorized	☐ Other:	

Reason for appeal:

By signing this form, you agree not to bill the member except for any copays that may apply.	
Provider name (please print):	
Provider signature:	

Important information

Time frames

Your appeal will be processed once all necessary documentation is received. You will receive written notice of the resolution of your appeal within **30 calendar days** of our receipt of this form.

Documentation

Please provide all medical information necessary to support the appeal. Examples include the following:

- Documentation of inpatient or observation stays, such as:
  - Doctor's orders
  - Progress notes
  - Nurse's notes
  - ER notes
  - Medication records
  - Lab reports
  - Consultation reports
- Documentation of procedures, such as:
  - Procedure reports
  - Supporting consultation reports
  - PCP progress notes
  - Referring MD script
- Physical, occupational, and/or speech therapy progress notes, evaluations, summaries
- Radiology reports and/or referring MD script
- Documentation of timely filing, such as billing notes, fax confirmation, or certified and signed mail card

Expedited request

You may also request that we expedite the member's appeal process if you believe that the standard 30 calendar day time frame could jeopardize the life or health of the member or the member's ability to regain maximum function. Additional medical records or other documentation may be requested to justify the request. If your request is approved, we will complete our review, and a decision will be made within 72 hours of receipt of the request; you will immediately be notified of the results.