BERRIEN MENTAL HEALTH AUTHORITY (d/b/a Riverwood Center)

CLAIM APPEAL REQUEST FORM*

*See Retrospective Review Policy and form for Medical Necessity Appeals

Please complete the form below with detailed information. Include and attach ALL supporting documentation necessary to review the appeal request. No additional information will be accepted or considered after a decision has been made by the Director of Provider Network. See Procedure 07-80-01 or 07-80-02 for further information/clarification.

Providers may Appeal adverse decisions where they are being held financially responsible for charges based on the following non-clinical related issues. Some frequent examples include:

a. Services denied due to contract/benefit plan limitation
b. Reduction, suspension, or denial to provider payment
c. Denied for delayed filing
d. Denied for member ineligibility
e. Denied for failure to provide Third Party Liability information

Provider Name: _____ Date: _____

Consumer Name: _____ DOB: _____IRIS #: _____

Contact Information:

Print Your Name and Title _____

Phone Number: _____

Address to Send Decision To: _____

_____

_____

Complete all information below as it pertains to your request and attach a separate page if necessary:

Why are you appealing to BMHA? _____

_____

_____

Date(s) of service: _____

Date authorization requested: _____

Service Code/Modifier(s) requested: _____

Number of units requested: _____

Time period in dispute: _____

Were your claims filed within the contractual filing limit? Yes / No
If no, why not? (Please write reason on separate page)

Date of claim denial (if applicable): _____

What date did you realize there was an issue? _____

This information submitted is true and accurate to the best of my ability and belief.

_____ _____
Signature Date

Please send the completed form all with all supporting documentation in one of the following ways:

Mail: Berrien Mental Health Authority,

Attn: Claims Specialist/Appeal, PO Box 547, Benton Harbor, MI 49023-0547

or

Fax: 269-934-3388 Attn: Claims Specialist / Appeal

or

Secured Email: externalclaims@riverwoodcenter.org Subject Line should reference this is an Appeal