



PacificSource Community Solutions, Inc.
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Provider Appeal Form

IMPORTANT:

- Do **NOT** use this form for reconsideration of untimely, duplicate, or corrected claims. You may submit those requests via the claims department with explanation/supporting documentation.
- Do **NOT** use this form for pre-authorizations denied as "Documentation requested for review not received." Instead, resubmit a pre-authorization request with supporting records to have us conduct a new review.
- Do **NOT** staple documents. Use paperclips to separate if submitting multiple services.
- **NO** double-sided copies, please.

APPEALS WILL NOT BE REVIEWED IF:

- Appeal is submitted by a **non-contracted** provider. (Members always have the option to appeal on their own).
- Appeal form is incomplete (these will be returned for required information).
- Appeal is received by Plan after 60 calendar days of denial date, unless can show good cause for delay in filing.
- No additional information is provided to support further review (i.e. provider believes information was not known or considered in the original decision).

Please allow up to 30 days for processing of appeal. An acknowledgment will be faxed to you upon receipt.

Provider Name:		Provider NPI:	
Contact Name:	Phone:	Fax:	
Member Name:		Member ID #:	
Prior Authorization #:	Claim #:	DOS:	

Item/Service/Prescription Appealed: _____

CPT/HCPCS Codes Appealed: _____

REQUIRED Reasons for appeal and additional information to consider in the review. We may contact you for more details if unclear or incomplete. Please attach any relevant documentation to support your request:

Send this form to: PacificSource Community Solutions Provider Appeals
 2965 NE Conners Ave, Bend OR 97701 or via fax to (541) 322-6424.