

Provider appeal form: Level II

When to use this form:

- **Participating providers:** Log in to the Provider Portal to submit appeals and medical records and to status claims.
- **Out-of-network providers:** Submit this form to request a Level II appeal of claims only after a Level I denial has been received. Complete and submit a separate provider appeal form for each Level II appeal.

Priority Health Medicare reviews or appeals

Before completing this form see the **Reviews and appeals** section of our Provider Manual.

Requirements:

- **Attach new supporting documentation.** Documentation already submitted is retained in our records. Appeals received without new pertinent supporting documentation will be returned unprocessed.
- Complete the appeal form so that Priority Health clearly understands the request otherwise it will be returned for insufficient explanation.
- All pertinent supporting documentation must be attached.

Deadline: Within one year of the date of service

Submitter contact information

Provider/facility name	Tax ID	Contact name
Phone	Fax	Email
Address		

Member information

Member last name	Member first name	Member ID number

Claim information

Claim number	Date(s) of service(s)	Total charge(s)
Inquiry number	Disputed codes (must include supporting documentation)	

Additional information required for Level II appeal (letter is required for medical appeals)
