HNE
HEALTH NEW ENGLAND

One Monarch Place · Suite 1500
Springfield, MA 01144-1500
413-787-4000 · 800-842-4464

PROVIDER APPEAL FORM

This form is not applicable if you are submitting an amended claim to a previously processed claim within 180 days from the date of service as this is classified as an On-Time Corrected Claim (OTCC). This form is not applicable if the claim is related to Coordination of Benefits (COB). Please utilize the OTCC or COB forms.

If you have any questions regarding this process, please contact your HNE Provider Relations Representative at: (413) 233-3313 or (800) 842-4464 ext. 5000 or log onto HNEDirect.

Appeals must be submitted within *one year* from the date of service or they will not be considered.

Today's Date: _____ **Claim Date(s) or Service:** _____

Member Name: _____

Physician/Group Practice Name: _____

Contact Name and Telephone Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

REQUIRED: Control number [12 digit number located on Explanation of Payment (EOP)]: _____

CLAIMS DENIAL CATEGORY (check appropriate category)	**APPEAL SUBMISSION PROCESS**
❒ **Filing Limit** Appeal of a claim that was denied for untimely filing.	• Provide rationale for delay in filing below
❒ **Pre-certification/notification or prior-authorization denial** Appeal of a claim that was denied for failure to notify the plan, failure to obtain pre-authorization for services, or for providing services not covered by the plan.	• Provide rationale below
❒ **Contract rate, payment policy, coding** Appeal of a processed claim where the provider believes that incorrect reimbursement was applied, or for a final claim payment believed incorrect due to global reimbursement or (un)bundling of billed services.	• Provide rationale below

Provide rationale for submission, desired resolution, and supporting documentation (continue on reverse if needed):

PLEASE SEND APPEAL FORM AND ALL SUPPORTING DOCUMENTATION TO:

HNE Provider Appeals
One Monarch Place, STE 1500 • Springfield, MA 01144-1500
or fax to: (413) 233-2797

2/10/CA - IKON