

Non-Plan Provider Appeal Rights For Claim Denials Form

Non-plan providers may appeal the Health Plan's denial of a claim under the standard 60-day appeal process. If you wish to file an appeal under the standard 60-day appeal process, please follow the process described below:

File the appeal, in writing, within 60 days of the date of the notice of claim denial. Include with your appeal all information you wish the Health Plan to consider, such as copies of the members' medical records and any applicable medical literature.

Submit completed form via fax to 1-833-802-2495 OR return this completed form to: Health Plan, Attn: Appeal and Grievance, 3100 Easton Square Place Suite 300, Columbus, Ohio 43219

Include with your written appeal the completed "Waiver of Liability Statement" printed on the bottom of this page. The Health Plan will make a decision on your appeal within 60 days of the receipt of your written appeal and completed "Waiver of Liability Statement". Please note that the 60-day appeal period will not begin until your written appeal and completed waiver form is received by us.

If the Health Plan does not rule fully in your favor, we will forward your appeal request to the Health Care Financing Administration's contractor, Maximus Federal Services, for an independent decision.

Any questions regarding the non-plan provider appeal process should be directed to the Appeal and Grievance Coordinator at (888) 898-6129.

Waiver of Liability Statement

Member's Name	Member's ID Number
Claim Number	Date(s) of Service
Provider's Name	

I do hereby waive any right to collect payment from the above-mentioned member for the above-mentioned services for which payment has been denied by the Health Plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 code of Federal Regulations 422.600.

Provider's Signature	Date
Printed Name	
Address	

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Trinity Health Plan New York (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), or Trinity Health Plan of Michigan (HMO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).