

This form helps communicate your exact request in order to provide you better service.

1. Submit legible copies of CMS 1500 or UB04 claim form.
2. All required information must be submitted, or request will not be accepted.
3. Use **only one** Provider Claim Appeal Form per request.
4. Send **only one** fax per reconsideration request.

Today's Date:

Original Claim#:

Contact Person:

Phone Number:

**Fax Claim Appeals:**

Claim appeals faxed to the wrong number will not be accepted.

**CCP MMA – (954) 417-7106**

**All Other Plans – (954) 417-7187**

**Submit electronically:**

Users with PlanLink provider portal access should submit claim appeals electronically at <https://PlanLink.ccpcares.org>

**The following fields must be completed, or provider claim appeal will not be accepted.**

**Provide Member Information and Mbr Plan:**

First Name:

Last Name:

DOB:

Member ID #:

- CCP MMA (Medicaid)- Payor ID 59065
- CCP/ CCP HSA (Employee Plans)- Payor ID 59064
- FHK (FL Healthy Kids)- Payor ID FHKC1
- MMCP/ MCHP/ MMCP PBC/ MCHP PBC (Memorial Employee Plans)- Payor ID 59064
- PCC/ UPFUND (Memorial uninsured)- Payor ID 59064
- PPUC/ BHCHS (Broward Health)- Payor ID BHPP1

**Select one of the below options:**

**Claim Denied for No Auth:**

- Claim denied for “no auth” but services do not require an authorization
- Services were authorized, see auth number:
- Specific services were not authorized, but were medically necessary – attach supporting documentation with medical records that support service provided

**Correction to Previously Submitted Claim or Health Plan Payment Error:**

- Describe below what is to be corrected from original claim submission or payment error (e.g., units, coding, rate, etc.)

\*Attach corrected claim form

\*Provide substantiating documentation, if applicable

**Claim Denied for Other Reasons:**

- Member Not Eligible on DOS/ COB info requested - attach proof
- Untimely filing - attach proof
- Records/ Invoice Requested - attach records
- NCCI Edits (e.g., BUND/CMPD) – attach records to substantiate procedure(s)
- Other – Briefly describe below, and attach supporting documents if applicable