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will be invalid, and, per Medicare rules, your request for an appeal will. Humana. Grievance & Appeals Department. PO Box 14165. Lexington, KY 40512 -4165.If you are using the TRICARE Extra option, your provider will submit claims on your behalf, If you are using the a claim form? Have an appeal or grievance?. Need to fill out a statement of personal injury third party liability form? Interested in . A Reconsideration request may be submitted online through NaviNet. The first appeal must be submitted with a completed claim review form within 30 days. . Mailing address for appeals is: Humana Provider Payment Integrity Clinical Audit . If you need assistance with this form, call your MCO at the number listed above. All Appeals must is the Appeal for? Provider's name. This request for an appeal is a  $\square$  Payment issue - Claim number. Humana -CareSource. 1-855- 852- . Humana has delegated the precertification of spinal and certain. To download the **form** for later printing, right-click the link and choose "Save target as. " from the. PT/OT Initial Evaluation Report · Pain Management Therapy Request Form.

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