



Provider Appeal Form

Post Services Appeals – Disputes of the denial of services that have been previously rendered. The provider may file a formal appeal to dispute any of the following:

- Denied days for an inpatient stay, including medical necessity
- Service rendered without an authorization/pre-certification
- Claims denied for no prior authorization that have been upheld upon **reconsideration** (Example: after submission of proof of prior authorization that remain denied after Integral Quality Care's reconsideration)
- Services denied per finding of a review organization

The provider must initiate an appeal challenging Integral Quality Care action **in writing** by fax or mail to the Integral Quality Care Appeals Department.

Mail or Fax to:
 Integral Quality Care
 Appeals Department F399
 4630 Woodland Corporate Blvd
 Tampa, FL 33614
 Fax: 1-813-775-0682

The documentation required for review and reconsideration is as follows:

- Operative notes, Medical Notes, Office Notes, ER Notes

I do not agree with Integral Quality Care decision, therefore I am requesting:

A formal appeal with Integral Quality Care

Member Name _____ Member ID # _____

Date(s) of Service Denied: _____ Claim# _____

Date of Integral Quality Care Notice of Action: _____

Please attach any other necessary information along with your operative notes, medical notes, office notes or ER notes to enable a thorough Appeal/Grievance investigation.

Date _____ Provider Name _____

Contact Person _____ Phone# _____

Contact Person's Address _____

Fax # _____ E-Mail _____