



Provider Appeal/Reconsideration Form

☐ AllCare Advantage

☐ AllCare CCO

Please note the following to avoid delays in processing provider appeals and/or reconsiderations:

- Include supporting documentation that was not previously available at the time of the decision.
- Appeals submitted without additional information are subject to the original denial being upheld without further consideration.
- Submit a separate form for each claim appeal or reconsideration (i.e., one form per claim or authorization).
- Applicable filing limit standards apply.

Step 1: Provider Information:	
Member ID:	Member Name:
Provider Contact Name:	Denial Date:
Authorization Number:	Provider Tel. Number:
Claim Number:	Provider Fax Number:

Step 2: Is this a request for:		
☐ Claims Appeal	☐ Pre Service Appeal	☐ Reopen

Step 3: Select one box and/or provide a letter of explanation to describe purpose of the appeal.	
Appeal Type:	Required Documentation
☐ Claim denial for no prior authorization	• Appeal form • Documentation of why prior authorization was missed • Supporting clinical records • Original remittance advise
☐ Denied the prior authorization (preservice) for services	• Appeal Form • Letter of Necessity by the requesting provider • Supporting documentation
☐ Denial of medications	• Appeal Form • Letter of Necessity by the requesting provider • Supporting documentation
☐ Reopen (remedial action taken to change a final determination or decision even though the determination or decision was correct based on the evidence of record.)	• Original remittance advise • Supporting documentation • New or material evidence • Clerical error • Error on the face of the evidence
☐ Other:	• Appeal form • Supporting documentation

Step 4: Mail or fax all information to:	
AllCare Health Plan, Inc./AllCare CCO, Inc. Appeals Department 1701 NE 7 th Street Grants Pass, OR 97526	Fax to: AllCare Health Appeals Coordinator Fax Appeals Number: (541) 471-3789 Fax Reopen Claims: (541) 474-3348