



Claim Payment Appeal Submission Form

- ◇ Providers have one hundred and eighty (180) calendar days from the date of service to submit a **claim or a corrected claim**.
- ◇ **All First level appeals** must be submitted within one hundred and eighty (180) calendar days from the date of claim adjudication.
- ◇ **All Second level appeals** must be submitted within thirty (30) calendar days from the date of the first level appeal's determination letter.
- ◇ **All Third level appeals** must be submitted within eighty-five (85) business days from the date that the first level appeal was received.
- ◇ All second and third level appeals must have the prior determination letter and all applicable documentation attached.

Please note, any appeals received that do not meet the requirements outlined on this form may be returned to the requestor and may not be reviewed. All appeals submitted to Jai Medical Systems **must** include the following:

- ⇒ Claims Appeal Submission Form for each claim being appealed,
- ⇒ Claim number,
- ⇒ Copy of claim being appealed and/or copy of the EOP,
- ⇒ Corrected claim, if applicable, and
- ⇒ Supporting relevant documentation (i.e. cover letter, medical records, explanation, primary insurance EOP, etc.)

Please print all information legibly:

Date: _____

Requestor Information:

Name: _____

Organization: _____

Phone#: _____

Fax#: _____

Email Address: _____

Appeal Determination Letter Return Address:

Claim Information:

Appeal Level (select one): I II III

Claim#: _____

Member First Name: _____

Member Last Name: _____

Date of Birth: _____

Medical Assistance ID#: _____

Date(s) of Service: _____

Claim Amount: \$ _____

Claim Type:

Office

Outpatient

Emergency Room

Homecare/DME

Inpatient

Observation

Radiology

Laboratory

Other: _____

Reason for Appeal: _____

Additional Notes: _____

All level Administrative Appeals, Inpatient Appeals as well as 2nd & 3rd level ER Appeals should be addressed and mailed to:

**Jai Medical Systems
Attn: Appeals Department
301 International Circle
Hunt Valley, MD 21030**

All 1st Level Appeals for Medical Record Review (ER Denials) should be addressed and mailed to:

**Jai Medical Systems
Attn: Medical Record Review
P.O. Box 1650
Hunt Valley, MD 21030**

****Please submit a separate completed form for each claim number being appealed.****