Provider Expedited Appeal Form

Is the appeal for a service that the patient has not yet received? Yes No

If "Yes," continue with this form. If "No," please use the standard appeal process.

The preferred method of submission for appeals is through the Provider Portal. However, if you are unable to do so, please complete this form and mail it to:

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PATIENT INFORMATION

AUTHORIZATION #:

NAME:	DATE OF BIRTH:

CARESOURCE ID #:

PROVIDER INFORMATION

PROVIDER NPI:	PROVIDER TAX ID #:
PROVIDER NAME:	REQUESTOR NAME:
REQUESTOR EMAIL:	REQUESTOR PHONE #:

REQUESTOR ADDRESS:

PREFERRED METHOD OF COMMUNICATION:

PHONE POSTAL MAIL

SERVICE INFORMATION

What service denial is being appealed?

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Explain why this service is needed and why the standard appeal time frame will harm the patient:

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PROVIDER ATTESTATION

I certify delaying the patient's requested service for the time periods applicable to the standard appeal process is likely to seriously jeopardize the patient's life, health, or ability to regain maximum function, cause a significant negative change in their medical condition, or subject the patient to severe pain that cannot be adequately managed without the requested service.

Provider's Signature: ________________________________ **Date:** ____________

Printed Name: _____________________________________

TO SUBMIT APPEAL DISPUTES

Mail - CareSource Grievance & Appeals Department, P.O. Box 2008, Dayton, OH 45401

- When submitting the form, include documentation which supports the appeal, including but not limited to all medical records that will need to be reviewed.
- If an incomplete appeal is submitted, the provider will receive a notification indicating the request is incomplete.

For questions, please call CareSource Health Partner Services at **1-844-607-2831**, available 8 a.m. to 8 p.m. Eastern Time (ET), Monday through Friday.