

## Provider Standard Appeal Form

The preferred method of submission for appeals is through the Common Ground Healthcare Cooperative (CGHC) [provider portal](#). However, if you are unable to do so, please complete this form and mail it to:

Common Ground Healthcare Cooperative  
ATTN: Provider Appeals  
P.O. Box 2008  
Dayton, OH 45401

### PATIENT INFORMATION

DATE OF SERVICE:	AUTHORIZATION #:
PATIENT NAME:	PATIENT DATE OF BIRTH:
CGHC ID #:	

### PROVIDER INFORMATION

PROVIDER NPI:	PROVIDER TAX ID #:
PROVIDER NAME:	REQUESTOR NAME:
REQUESTOR EMAIL:	REQUESTOR PHONE #:
REQUESTOR ADDRESS:	
PREFERRED METHOD OF COMMUNICATION: <input type="checkbox"/> PHONE <input type="checkbox"/> POSTAL MAIL	

### SERVICE INFORMATION

What service denial is being appealed?

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Explain why this service is needed:

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## TO SUBMIT APPEAL DISPUTES

Mail - Common Ground Healthcare Cooperative Grievance & Appeals Department, P.O. Box 2008, Dayton, OH 45401

- When submitting the form, include documentation that supports the appeal. This includes, but is not limited to, a signed Appointment of Representative (AOR) form and 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 Provider Services at **1-877-514-2442**, available Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT).

WI-EXC-P-3659028