

# PROVIDER NOTICE

September 1, 2020

## Provider Appeals | Fax Submission

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Now you have the option of submitting Paramount's **Clinical Authorization Appeal form** via fax. Fax the form to Paramount Provider Appeals at **567-585-9500**.

Paramount is offering this secondary option in order to expedite the provider appeals submission process and timely resolution of appeals determinations.

For more information, please reference the Clinical Authorization Appeals form on our website: <https://www.paramounthealthcare.com/assets/documents/provider/provider-appeals-ucm-form.pdf>

If you have questions regarding this notice, or other issues, please contact your Provider Relations Representative or call Provider Relations at 800-891-2542.

