

# Clinical Authorization Appeal Form

Attn: Provider Appeals

Fax: 567-585-9500

Standard Mail: Paramount P.O. Box 497 Toledo, OH 43697-0497

Contracted providers are subject to Appeal Timely Filing contract language. Non-Contracted Providers are subject to the UCM Default of (60) calendar days for Appeal Timely Filing in accordance OAC 5160-26.08.4(D)(1) and CMS Chapter 13 Section 50.1

 **PARAMOUNT**  
ELITE | COMMERCIAL/HMO  
PROMEDICA MEDICARE PLAN/  
MAP Medicare

Provider Name		NPI Number	
Provider Billing Tax ID Number (TIN)		Phone Number	
Contact Name		Fax Number	
Date of Request		Place of Service	
Member Name		Member Date of Birth	
Member ID Number		Claim Number	
Date of Service		Authorization Reference Number	
Billed Amount		Denied Explain Code	

**(Mandatory)** Please select the specific product line and appeal type listed below

**ADVANTAGE**

☐

**ELITE**

☐

**COMMERCIAL/HMO**

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<b>Readmission</b> Check if applicable (526) <input type="checkbox"/>			<b>Retro Authorization</b> Check if applicable (527) <input type="checkbox"/>		
<b>Authorization Adverse Clinical Determination</b> Check if applicable <input type="checkbox"/>			Please provide discharge summary from previous admission and clinical information supporting your request. <b>DO NOT SEND ENTIRE INPATIENT MEDICAL RECORDS</b>		
If you selected Authorization Adverse Clinical Determination please indicate the type of authorization denial as listed below (Only Select One)			Please provide confirmation of your fax request sent in a timely manner, documentation showing the member presented as self-pay, AND/OR Other insurance.		
<input type="checkbox"/> HHC (539)	<input type="checkbox"/> Skilled Nursing Facility (543)	<input type="checkbox"/> Out of Plan (542)	ENTER RATIONALE FOR APPEAL HERE:		
<input type="checkbox"/> Drug on Medical Claim (115)	<input type="checkbox"/> Genetic Testing (537)	<input type="checkbox"/> LTAC/Rehab (543)			
<input type="checkbox"/> Imaging (540)	<input type="checkbox"/> Medical/Surgical (536)	<input type="checkbox"/> DME (538)			
<input type="checkbox"/> Inpatient (543)	<input type="checkbox"/> Behavioral Health (535)	<input type="checkbox"/> Other (87)			

Revised: 11/2023

Affiliate of  
 **PROMEDICA**