



Provider Appeal Request

Post-Service Claim Payment Denial (Provider Dispute)

Providers may use this form to **dispute a claim payment denial** with Community Health Plan of Washington (CHPW) **Apple Health (Medicaid)**. We must receive your request within 24 months (participating providers) or 60 days (non-participating providers) from the date on the Claim Payment Denial Letter.

Email: AppealsGrievances@chpw.org (preferred) Fax: 206-613-8984

Provider Information		
Provider First and Last Name		Clinic/Office Name
Email	Fax	Phone Number
What is the best way to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone		
Member Information		
Member First and Last Name		Date of Birth
CHPW Member ID Number	Health Plan or Program	
Appeal Details		
<input type="checkbox"/> 1st Level (<i>first attempt, post-service</i>). If 1 st Level checked, select one: <input type="checkbox"/> Submitting new information <input type="checkbox"/> Review records, no new information <input type="checkbox"/> No new information		
<input type="checkbox"/> 2nd Level (<i>second attempt, must include new information</i>) Date of 1 st Level Denial (<i>If applicable</i>)		
Check the reason for the denied claim payment: <input type="checkbox"/> No Prior Authorization <input type="checkbox"/> No Referral <input type="checkbox"/> Late Inpatient Notification <input type="checkbox"/> Post Payment Review <input type="checkbox"/> Billing/Coding <input type="checkbox"/> Not medically necessary <input type="checkbox"/> Duplicate <input type="checkbox"/> Other _____		
Name of Service	Date of Denial	
Denied Claim Number	Reference or Prior Auth. Certification Number (<i>if applicable</i>)	

Appeal Index and Summary

To help us review efficiently, for each document you submit, please list the specific page numbers that support your argument. Also, share the reason for your dispute and why you disagree with our reason for denial.

If more space is needed, attach an additional document titled "Appeal Index and Summary".

Wait times may vary depending on appeal volume. If you do not get confirmation that we received your request within 4 weeks, or determination within 180 days after submitting your request, please call us at 1 800 440 1561.