|  |  |  |
| --- | --- | --- |
| **GRIEVANCE/APPEAL CHECKLIST** | **YOUR NAME:** | **WHERE TO FIND INFO** |
| **IS THIS MEMBER OR PROVIDER** |  | **MEM OR PV TAB** |
| **MEMBER NAME** |  | **MEMBER TAB** |
| **MEMBER ID** |  | **MEMBER TAB** |
| **MEMBER DATE OF BIRTH** |  | **MEMBER TAB** |
| **MEMBER PHONE** |  | **MEMBER TAB** |
| **PROVIDER NAME** |  | **PROVIDER TAB** |
| **PROVIDER NPI** |  | **PROVIDER TAB** |
| **RECIEPT DATE** |  | **DATE OF CALL** |
| **DENIED PA NUMBER** |  | **AUTHORIZATION TAB** |
| **DATE OF OCCURRENCE** |  |  |
| **PLACE OF OCCURRENCE** |  |  |
| **EFFECTIVE DATE AND PLAN** |  |  |
| **WHAT IS THE GRIEVANCE/APPEAL** |  | **CALL INFO** |
| **OTHER NOTES** |  |  |