Request For Post Service Non-Authorization Reconsideration

Only For Denials Related to Claims

Please use this form to submit a First-Level or Second-Level Reconsideration. Include new or additional information that may change the outcome from the initial decision.

Commercial members:

- Member liability – the provider has 180 days from the notification date of denial and will follow the member appeals process
- Provider liability – the provider has 24 months from the notification date of denial
- If coordination of benefits is involved, the provider has 30 months from the notification date of denial

Medicare members:

- Contracted providers have 24 months from the notification date of denial
- Non-contracted providers have 60 days from the notification date of denial and will follow the member appeals process
- If coordination of benefits is involved, the provider has 30 months from the notification date of denial

Note: Attachments cannot exceed a total of 20 pages. Larger documents must be mailed to:

Kaiser Foundation Health Plan of Washington
Attn: Claims Reconsideration
PO Box 30766
Salt Lake City, UT 84130-0766

Download form

TODAY'S DATE *

FIRST LEVEL OR SECOND LEVEL *

- ◯ First Level
- ◯ Second Level

MEMBER'S NAME *

MEMBER'S CONSUMER NUMBER *

CLAIM NUMBER(S) *

Provider Name & Address

PROVIDER NAME *

STREET ADDRESS LINE 1 *

STREET ADDRESS LINE 2

CITY *

STATE *

Washington

ZIPCODE *

Contact Info

CONTACT NAME *

PHONE NUMBER *

FAX

REASON FOR RECONSIDERATION *

ATTACHMENTS *

Choose File No file chosen

Submit

Contact a Department

Contact Us

Other KP region contacts
Other KP region provider sites

Provider Assistance Unit

For status updates or issues with claims and referrals

1-888-767-4670

Medical offices

Medical center hours and locations
Holiday closures and hours