fridayhealthplans.com
800-475-8466

Provider Appeal Form

Please complete the following information entirely and return this form with supporting documentation to the applicable address listed below. Send only one appeal per claim.

- Before filing an appeal, Please review and ensure filing an appeal is appropriate.
- If a claim has not been acted upon, i.e., not paid or formally denied, please verify claims status first.
- If the claim has been returned for insufficient or incorrect information to be corrected, please submit this action before submitting an appeal.
- Provider relevant supporting documentation, including but not limited to: copy of claim, explanation of payment, medical records, and previous related correspondence. If sufficient information in not included, an appeal review may be delayed on not conducted.

Date: 06/07/2023	Type of Appeal: Claim ■ Authorization ☐

Provider/Group/Facility Information

Provider/Group/Facility Name: Boulder Medical center		
Provider TIN/NPI Number: 840834835/ 1306820923		
Contact Name: Shole Afsar		
Phone Number: 3034403005	**Fax Number:** 3034403294	
Email Address: safsar@bouldermedicalcenter.com		
Address: 2750 Broadway		**Apt./Suite:**
City: Boulder	**State:** CO	**Zip Code:** 80304

Member Information

Last Name: Leonardo	**First Name:** Maxine	
DOB: 03/07/2023	**Member ID Number:** 200488593-03	
Address: 6754 Yarrow st Arvada, CO 80004	**Phone Number:** 7206439281	

Claim Information

Provider X	**Facility**	**Ancillary Health Care Professional (DME, lab, ect.)**	
Claim #: 20230418003196	**Authorization # (if applicable)** N/A	**DOS:** 03/09/2023	
Billed Amount: $240	**Paid Amount:** $0		

State reason for Appeal:

Boulder Medical center billed for provider's charges, and newborn stayed in the hospital, getting an Authorization must not be provider's responsibility, this should not be a requirement for the provider only for the hospital which patient stayed for few days. Therefore please allow provider's charges since provider doesn't have responsibility of getting authorization for hospital staying.

Submission Options: Fax, email, mail

Fax: 844-280-1794, *please do not fax more than 100 pages at one time, split into multiple faxes or submit another way.*

Email: appeals@fridayhealthplans.com

Mail: Attn: Appeals Dept., 700 Main St., Suite 100, Alamosa, CO 81101