



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.			
<ul style="list-style-type: none">• 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:02/28/23	Type of Appeal: Claim <input checked="" type="checkbox"/>		Authorization <input type="checkbox"/>
Provider/Group/Facility Information			
Provider/Group/Facility Name: Boulder Medical Center			
Provider TIN/NPI Number: 840834835/1306820923			
Contact Name: Shole A.			
Phone Number: 303 440 3005		Fax Number: : 303.440.3294	
Email Address: safsar@bouldermedicalcenter.com			
Address: 2750 broadway		Apt./Suite:	
City: Boulder	State: CO		Zip Code: 80304
Member Information			
Last Name: Palmen		First Name: Kailey	
DOB: 01/18/1999		Member ID Number: 200074290-03	
Address: 2848 Antelope Ct Lafayette, CO 80026		Phone Number: 7203159681	
Claim Information			
Provider	Facility	Ancillary Health Care Professional (DME, lab, ect.)	
Claim #:	20221025010142	Authorization # (if applicable)	DOS: 10/19/2022
Billed Amount: \$69		Paid Amount: \$0	
State reason for Appeal: Patient did not inform us FHP policy so we can bill it on time. attach is POTF please allow and pay			
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			