

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 is not included, an appeal review may be delayed or not conducted.

Date: 04/07/2023 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: Kenney

First Name: Robyn

DOB: 04/01/1996

Member ID Number: 200109663-01

Address: 202 Inverness St Broomfield, CO 80020

Phone Number: 3039151092

Claim Information

Provider x

Facility

Ancillary Health Care Professional (DME, lab, ect.)

Claim #: 20230221003238

Authorization # (if applicable)
NA

DOS: 02/01/2023

Billed Amount: \$4103

Paid Amount: \$0

State reason for Appeal:

Her eligibility for this day somehow pending, but she is eligible.

Code 59400 does not need any authorization this is spontaneous normal Labor and delivery per women's care rules this code must be allowed and paid

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