



Provider Request for Appeal of an Action

Completed requests for appeal of an action and supporting documentation must be received within 30 calendar days of when the provider received the notification of action by Alliance. Incomplete forms and requests received after the deadline will be denied.

This form is not for claims reconsiderations. If you are seeking a reconsideration of denied claims, please use our published claims reconsideration process in the Claims and Enrollment Guide.

I. Agency Information

1. Provider/agency name		2. Contact name for this request	
3. Date of action (mm/dd/yyyy)	4. Type of action(s)		

II. Requests for Appeal(s)

Please attach additional sheets and/or supporting documentation as needed.

Finding(s) Appealed <small>(Please use a separate row for each Issue you are requesting an appeal.)</small>	Alliance Action Applied <small>(If payback, include payback amount to be appealed.)</small>	Reason(s) for Appeal <small>(Please be specific in regard to the reason and justification for appeal for each issue listed.)</small>

Finding(s) Appealed (Please use a separate row for each Issue you are requesting an appeal.)	Alliance Action Applied (If payback, include payback amount to be appealed.)	Reason(s) for Appeal (Please be specific in regard to the reason and justification for appeal for each issue listed.)

III. Authorization

5. *Signature (name or typed)

6. Date (mm/dd/yyyy)

x		
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IV. Submission instructions

Providers may submit the appeal request through the provider web portal, certified US Mail, secure email or in person at the Alliance Home Office.

The provider portal can be accessed here: AllianceHealth.okta.com. Successful appeal submissions will be confirmed by an automated email to the provider.

To submit a request by secure email, attach the completed request and send to ProviderAppeals@AllianceHealthPlan.org.

To submit in person or by certified US Mail, the Alliance address is: Alliance Health, 5200 West Paramount Parkway, Suite 200, Morrisville, NC 27560. The request should be sent to the attention of Compliance – Provider Appeals.