



MEMBER (PRE-SERVICE) APPEAL FORM

An appeal is a formal written request to MPC to review and reconsider a previously denied authorization of medical services. Please use this form as part of the Maryland Physicians Care Appeal Process to address the decision to deny or partially deny authorization of medical services.

Written consent from the enrollee/member is required for pre-service appeals received from anyone other than the member.

This form is only to be used for appealing MEMBER PRE-SERVICE DENIALS. Do not use this form for provider inquiries, resubmissions, or corrected claims.

All appeal requests must be received within 60 days from the date of the Denial Letter. All fields below are required. Failure to complete the form may result in a delay of your request.

MPC will make every effort to resolve Expedited/Urgent requests within 72 hours and within 30 days for Routine requests.

Select Expedited/Urgent if the enrollee is currently receiving inpatient services or the timeframe for a routine resolution could reasonably be expected to place the enrollee at risk, seriously compromise the enrollee’s health or wellbeing, seriously jeopardize the enrollee’s life, physical or mental health, or ability to attain, maintain, or regain maximum function.

Appeal is:

Routine:

Expedited/Urgent:

Member Name:	Member Medicaid ID:
Member Date of Birth:	Member Phone:
Description of Denied Services:	Dates of service:
Reason for Appeal:	Requesting Provider Name:
Requesting Provider Phone:	Requesting Provider Fax:

Contact Person Name:	Contact Person Phone:
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Please include relevant clinical information and any supporting documentation with this form and mail or fax to:

MPC Member (Pre-Service) Appeals

P.O. Box 893, Portland

ME 04104

Or FAX TO: 866-831-0790

This form may be photocopied.