



NDMS Definitive Care Reimbursement Program



APPEALS FORM

DIRECTIONS: If you wish to request a dispute resolution on a payment request determination, please fill out this form and mail it, along with documentation, to:

**Apprio Inc.
NDMS Definitive Care Reimbursement Program
Attn: Appeals
425 3rd Street, SW
Suite 890
Washington, D.C. 20024**

NOTE: Failure to complete **ALL** the data elements on this form **and/or** failure to submit the necessary documentation will result in your request for an appeal being dismissed. Appeals must be submitted no later than 45 days after a remittance advice or notice of denied claim was received.

PROVIDER NAME

REMITTANCE ADVICE NUMBER

FULL DATE RANGE OF SERVICE

SPECIFIC DATE(S) OF ITEMS IN APPEAL

ORIGINAL AMOUNT SUBMITTED FOR REIMBURSEMENT

DENIED SERVICE AND REASON FOR APPEAL

REQUESTER'S NAME

REQUESTER'S TITLE

REQUESTER'S ORGANIZATION

REQUESTER'S E-MAIL ADDRESS

REQUESTER'S MAILING ADDRESS

CITY

STATE

ZIP CODE

REQUESTER'S TELEPHONE NUMBER (INCLUDE AREA CODE)

REQUESTER'S SIGNATURE

DATE SIGNED

All documentation regarding dispute is attached.