



**Provider Appeal Form**

Post Services Appeals – Disputes of the denial of services that have been previously rendered. The provider may file a formal appeal to dispute any of the following:

- Denied days for an inpatient stay, including medical necessity
- Service rendered without an authorization/pre-certification
- Claims denied for no prior authorization that have been upheld upon **reconsideration** (Example: after submission of proof of prior authorization that remain denied after DPCI's reconsideration)
- Services denied per finding of a review organization

The provider must initiate an appeal challenging Delaware Physicians Care action in writing by fax or mail to the Delaware Physicians Care Appeals Department.

**Mail or Fax to:**

Delaware Physicians Care  
Appeals Department  
252 Chapman Rd, Suite 250  
Newark, DE 19702  
Fax: 877-473-8125

The documentation required for review and reconsideration is as follows:

- Operative notes, Medical Notes, Office Notes, ER Notes

**I do not agree with Delaware Physicians Care decision, therefore I am requesting:**

- A formal appeal with Delaware Physicians Care

Member Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Date(s) of Service Denied: \_\_\_\_\_ Claim# \_\_\_\_\_

Date of DPCI Notice of Action: \_\_\_\_\_

Please attach any other necessary information along with your operative notes, medical notes, office notes or ER notes to enable a thorough Appeal/Grievance investigation.

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Date \_\_\_\_\_ Provider Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

Contact Person's Address \_\_\_\_\_

\_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_