



Claim Number

Provider Name _____

Address _____ **City, State, Zip** _____

Dear Provider:

40.2.3 - Notice Requirements for Non-contract Providers

(Rev. 105, Issued: 04-20-12, Effective: 04-20-12, Implementation: 04-20-12)

If the Medicare health plan denies a request for payment from a non-contract provider, the Medicare health plan must notify the non-contract provider of the specific reason for the denial and provide a description of the appeals process. Plans must deliver either a remittance advice/notice or other similar notification that includes the following information:

- Non-contract providers have the right to request a reconsideration of the plan's denial of payment;
- Non-contract providers have 60 calendar days from the remittance notification date to file the reconsideration;
- Non-contract providers must include a signed Waiver of Liability form holding the enrollee harmless regardless of the outcome of the appeal, attached;
- Non-contract providers should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement; and
- Non-contract providers must mail the reconsideration to the plan.

Sincerely,
Medical Group

Non-Contracted Provider Reconsideration Waiver

Provider Name _____ Health Plan _____

Member Name _____ Member ID Number _____

Address _____ City, State, Zip _____

Phone Number _____

I/We hereby request a reconsideration (appeal) regarding the above-mentioned member for services incurred on _____

I/We waive any and all rights to hold the above-mentioned member responsible for any payment of services that are provided if the reconsideration (appeal) determination is adverse. I/We understand that the signing of this waiver does not negate my/our right to request further appeal under 42 CFR 422.600.

Provider Signature _____ Tax ID Number _____

Phone Number _____ Date _____