



# NON-CLINICAL ADJUSTMENT/APPEAL REQUEST

## 1. Please indicate the type of request you are submitting:

- ADJUSTMENT** (claims may be adjusted in the event of underpayments or overpayments)
- APPEAL** (A claim appeal relates solely to disagreements regarding claims payment or denial)

## 2. Please indicate the line of business your request is for:

- Colorado Access Advantage
- Access Behavioral Care
- Colorado Access Health Plan
- CHP+ offered by Colorado Access
- CHP+ State Managed Care Network

### COMPLETE A SEPARATE REQUEST FOR EACH RECIPIENT AND/OR CLAIM AND INCLUDE THE FOLLOWING:

- 1) A copy of the claim in questions
- 2) A copy of the voucher showing the recent payment
- 3) Medicare/Third Party Liability - A copy of the Explanation of Benefits
- 4) Other documentation necessary
- 5) If you are making this appeal on the member's behalf, include an **Authorization of Representative Form**

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

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Name	Telephone #
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### ALL FIELDS BELOW MUST BE COMPLETED

Member Identification Number:	Date of Service																				
Member Name	Voucher Date																				
Billing Provider TIN	Claim # <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

**DESCRIBE REQUEST (YOUR DESCRIPTION MUST INCLUDE ANY PROCEDURE CODES/UNITS/AMOUNTS, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ By (Provider Authorized Signature): \_\_\_\_\_

**MAIL REQUEST TO:** Colorado Access Appeals  
 PO Box 17189  
 Denver, CO 80217-0189

### TO BE COMPLETED BY COLORADO ACCESS

- Reprocess to pay
- Reprocess to deny
- Void original claim

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_