



Pre-Service Appeal Request Form

To ask for an appeal prior to the denied service being rendered, providers can submit the request. Submit this form no more than 30 days from the date on the *Adverse Determination* letter. Providers filing an appeal on behalf of the member, please have the member provide consent by signing the form.

If services have been rendered without an approved authorization, submit a claim with medical records.

Member name:	Parent or guardian name (if service is for a child):
Member ID number:	Member date of birth:
Name of doctor providing the service:	Authorization number:
Provider address:	
Provider office phone number(s):	
Type of service requested:	Does the member's health require an expedited review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of service provided:	Authorized person/provider:
Reason for appeal:	

If filing appeal on behalf of the member, they must provide written consent. By signing, member is providing approval for their provider or other chosen representative to act on their behalf in this appeal.

Signature:	Date:
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Providers can submit pre-service appeals digitally via the Interactive Care Reviewer (ICR) accessed through Availity Essentials* at [availity.com](https://www.availity.com). Select Patient Registration > Authorizations & Referrals and follow the prompts. This *Pre-Service Appeal Request Form* can be printed from the provider website and:

- Faxed directly to the Appeals department at **866-587-3316**.
- Emailed to OhioGA@anthem.com.

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.