

Providers may file an appeal online or by mail.

- **Online:** Go to the **Provider Grievance and Appeals** page in the **Provider** section of the AmeriHealth Caritas North Carolina website, www.amerihealthcaritasnc.com, and follow the link to our secure provider portal.
- **Mail:** Complete this form and mail it with any supporting documentation to the address below.

AmeriHealth Caritas North Carolina
Provider Appeals
P. O. Box 7379
London, KY 40742-7379

*Indicates a required field

*Today's date: _____

Section I: Provider information		
Provider:		
Contact (if different than above)*:		
Phone*:	Fax*:	
Tax ID*:	NPI*:	
Mailing address*:		
City*:	State*:	ZIP* code:

Section II: Member's information (Complete this section only if your appeal involves a claim. If submitting for multiple claims, attach the Multiple Claims Submission form.)
Member name:
Member's ID (copy from member's Medicaid card):
Date of service:
Claim Identification Number:
CPT/HCPCS Codes:
NDC Code:

Provider Appeal Submission Form

In-network Providers

Please select the primary reason code for the appeal. You must select one.

- 500 Program Integrity related findings or activities
- 510 Finding of fraud, waste or abuse by AmeriHealth Caritas North Carolina
- 520 Finding of or recovery of an overpayment by AmeriHealth Caritas North Carolina
- 530 Withholding or suspension of a payment related to fraud, waste or abuse concerns
- 540 Termination of, or determination not to renew, an existing contract based solely on objective quality reasons outlined in the AmeriHealth Caritas North Carolina's Objective Quality standards
- 550 Termination of, or determination not to renew, an existing contract for local health department (LHD) care/case management services
- 560 Lowering an advanced medical home (AMH) provider's tier status
- 570 Violation of terms between the AmeriHealth Caritas North Carolina and provider
- 599 Other for in-network provider: (please explain if not listed in the above options)

Out-of-network Providers

Please select the primary reason code for your appeal. You must select one.

An out-of-network provider may appeal certain actions taken by AmeriHealth Caritas North Carolina.

Out-of-network providers may submit an appeal to AmeriHealth Caritas North Carolina for the following reasons:

- 700 A determination to not initially credential and contract with a provider based on objective quality reasons
- 710 An out-of-network payment arrangement
- 720 Finding of waste or abuse by AmeriHealth Caritas North Carolina
- 730 Finding of or recovery of an overpayment by AmeriHealth Caritas North Carolina
- 799 Other for out-of-network providers: (please explain if not listed in above options)

- Supporting documentation attached

If you have any questions regarding how to complete this form, please call your Account Executive or Provider Services at **1-888-738-0004**.

