

Providers are encouraged to settle grievances by phone or in-person with their dedicated account executive or by calling Provider Services at 1-888-738-0004.

Providers can also file a grievance 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 Grievances
P. O. Box 7379
London, KY 40742-7379

*Indicates a required field.

*Today's date: _____

Section I: Provider/practitioner/facility information		
Provider name*:		
Contact name (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 grievance 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):
Claim Identification Number:
CPT/HCPCS Codes:
NDC Code:

Provider Grievance Submission Form

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

- | | |
|--|--|
| <input type="checkbox"/> 500 Claim Denial | <input type="checkbox"/> 590 Member Communication |
| <input type="checkbox"/> 510 Health Plan Policy | <input type="checkbox"/> 600 Referral Process |
| <input type="checkbox"/> 520 Health Plan Information System | <input type="checkbox"/> 610 Service Denial |
| <input type="checkbox"/> 530 Network Adequacy/Availability | <input type="checkbox"/> 620 Health Plan Prior Authorization Process |
| <input type="checkbox"/> 540 Health Plan Staff Behavior | <input type="checkbox"/> 630 Timeliness of Payment
(proof of original submission date required) |
| <input type="checkbox"/> 550 Interpreter Services | <input type="checkbox"/> 640 Fraud and Abuse Services |
| <input type="checkbox"/> 560 Member Behavior | <input type="checkbox"/> 650 Transportation |
| <input type="checkbox"/> 570 Member Compliance with Treatment plan | |
| <input type="checkbox"/> 580 Member Missed/Late Appointments
(appointment log required) | |
| <input type="checkbox"/> 660 Other (please explain if not listed in the 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**.

