8325 Lenexa Drive
Lenexa, KS 66214

PROVIDER RECONSIDERATION & APPEAL FORM

Use this Provider Reconsideration and Appeal Form to request a review of a decision made by Sunflower Health Plan. The process for reconsideration and appeal is the same for participating and non-participating providers. Please see the Provider Manual for details and requirements of the reconsideration and appeal processes.

If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim following the "Corrected Claim" process in the Provider Manual. Please do not include this form with a corrected claim.

All boxes immediately below are required to be completed – Do not attach another copy of the claim.

Provider Name	**Provider Tax ID#**
Control/Claim Number (*Located on EOP*)	**Date(s) of Service**
Member Name	**Member ID Number**

Request Review Type (must select one):

☐ Reconsideration (optional step)

☐ Provider Appeal (required step to proceed to State Fair Hearing)

Reason for Dispute (please check):

☐ Claim was denied for no authorization, but authorization # _______________ was obtained.

☐ Claim was denied for no authorization, but no authorization is required for this service.

☐ Claim was paid to wrong provider.

☐ Claim was denied for untimely filing in error (proof of timely filing should be attached).

☐ Claim was paid for incorrect amount.

☐ Denied as duplicate in error.

☐ Retro eligibility.

☐ Coordination of benefits (please explain below).

☐ Client obligation/patient liability/ spenddown not applied correctly.

☐ Other (please explain below).

Supporting comments/explanation:	
Requestor Name:	
Date of Request:	**Requestor Phone Number:**

ATTACH: A copy of the EOP with the claim number to be reviewed clearly circled. Please complete required information above and do not attach a copy of the claim. Mail completed form(s) and attachments to:

Sunflower Health Plan
Attn.: Appeals
PO Box 4070
Farmington, MO 63640-3833

For Behavioral Health Claim Appeals:

Behavioral Health Appeals
PO Box 6000
Farmington, MO 63640-3809

Or submit to the specialty partner address listed on your EOP.