VIRGINIA MEDICAID PROVIDER APPEAL REQUEST FORM

If you would like to file an appeal online, you can visit the Appeals Information Management System (AIMS) web portal and register as a provider.

Provider Name		NPI	
Mailing Address	Suite #	Provider's Telephone	
Mailing Address Line 2 (if necessary)	City	State	Zip Code
Contact Name	Contact's Telephone Number	Contact's Fax Number	
Contact's Company Name		Contact's Email Address	
Contact's Company Mailing Address	Suite #	Alternate Contact	
Mailing Address Line 2 (if necessary)	City	State	Zip Code

Note: Due to HIPAA requirements, any non-attorney individual/entity requesting the appeal on behalf of the Provider that is not directly employed by the Provider, must attach a letter signed by the Provider on the Provider's letterhead that authorizes the individual or entity to represent the Provider in the appeals process. This authorization is specific to this appeal request and must include the member's name, Medicaid number, and date(s) of service. An example of this language may be obtained upon request from the DMAS Appeals Division. **Failure to provide proper authorization will result in the appeal request being rejected.**

Type of appeal being requested: ☐ Informal (first level) ☐ Formal (second level) Informal Appeal Case # (only if filing a Formal Appeal)

Adverse action(s) being appealed (Check all that apply and provide additional information in the appropriate section(s) below):

☐ Service Authorization ☐ Claim ☐ Audit ☐ Cost Settlement ☐ Enrollment

☐ Other (please specify)

Adverse action issued by: **If Other, please specify:**

Date of adverse action: **Attach copy of Notice/Denial or give brief explanation of why it's not attached:**

For Service Authorization and Claim issues, please provide the following:

Member's Name	Member's Medicaid ID #	Dates of Service

Service Authorization Case Number(s) or Claim ICN(s): (attach list if necessary):	Have services been provided or are they currently being provided? ☐ Yes ☐ No	Are the services being provided in excess of what was authorized? ☐ Yes ☐ No

Note: If the answer to either of the above questions is "No", then the Provider may be able to appeal on the Medicaid member's behalf but should use the Virginia Medicaid/FAMIS Appeal Request Form and the Authorized Representative Form for member appeals found on the DMAS web site at: https://dmas.virginia.gov/appeals. You can also register with DMAS as a Provider in AIMS and file an appeal electronically via the AIMS portal.

For Audits or Cost Settlement reports, please provide the following: **(Attach supporting documentation)**

Specific issue(s) (i.e. adjustments, patients, service dates, error codes, etc.) being appealed

For Enrollment, please provide the following:

Specific issue(s) (i.e. adjustments, patients, service dates, error codes, etc.) being appealed: ☐ Denial of enrollment ☐ Termination of enrollment

Brief explanation of issue:

Signature: ____________________________ **Date**: ______________

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