

About Provider Appeals

Please use this form if you would like to appeal your prior authorization exemption status. Note that prior authorization exemption is not evaluated for providers who service members participating in self-funded employer group plans.

If you would like to dispute or appeal issues related to timely filing, clinical edits, coding disputes, contractual reimbursement, or anything else related to prior authorizations or claims payments, please refer to the appropriate forms on our [Find a Form or Document page](#) on QualChoice.com.

Exemption status appeal requests must be submitted within the timeframe outlined in your provider exemption status letter. The request must be completed in its entirety and include QualChoice provider number, reason for the appeal and any written comments, documents, records or other information relating to the prior authorization exemption status. Our decision regarding your appeal will be communicated to you within 30 calendar days from the receipt of your appeal.

Section I: Provider Information

Provider Name		National Provider Identifier # (NPI)	QualChoice Provider Number	
Street Address			City	State
				Zip
Telephone Number	Fax Number	Contact Name	Contact Email Address	

Section II: Appeal Explanation

Instructions For Submitting Your Appeal

1. Complete the form in its entirety.
2. Describe your justification for reconsideration regarding your exemption status.
3. Review that all of the information is correct and the required information is included.

Mail form and attachments to:

QualChoice Health Insurance
P.O. Box 25610
Little Rock, AR 72221
Attn: Grievance & Appeals

Or email Form and attachments to:

pr@qualchoice.com

For questions, please contact our Customer Service Department at 800.235.7111 or 501.228.7111.

Or fax form and attachments to:

833.681.2498

Coding disputes, contractual reimbursements, etc., are not eligible for the provider appeal process and are handled through the Provider Reconsideration Process.