



Texas Children's Health Plan, Inc.

Date: _____

Claim Appeal/Resubmission Form

This form should be used to resubmit a denied or rejected claim for reconsideration.

Section I – Claim Detail

Member Name: _____

Member ID Number _____

Date of Service: _____

Section II – Reason for Resubmission/Appeal

___ Medical Record Attached
(Claim Request)

___ Medical Record Attached
(Medical Claim Audit)

___ Itemized Statement Attached

___ Legible Claim Attached

___ TPI# Correction/Added

___ NPI# Correction/Added

___ Member Eligibility Correction

___ Proof of timely filing Attached

___ Medical Necessity Appeal

___ Other _____

Section III – General Information

Appeal Filing – All Appeals **must** be filed within 120 days from the date of denial for reconsideration. When filing an appeal, please attach documentation supporting your position.

Electronic Appeals-Electronic claims can be resubmitted electronically if the claim is resubmitted within 95 days from the date of service without incurring past timely filing denial. Claims outside of the 95 days should be resubmitted on paper with the appropriate proof of timely filing attached.

Appeals and Resubmissions must be sent via US Mail or electronically. Fax submissions will not be accepted