

PROVIDER REVIEW FORM

TYPE OF REVIEW (CHOOSE ONE BELOW)

☐ Medical/Dental claim ☐ Medical/Dental preauthorization ☐ Corrected bill/coding change

FOR PHARMACY APPEALS: Call Navitus Health Solutions at 833-354-2226 or Navitus MedicareRx at 866-270-3877.

REVIEW INFORMATION

Contract holder: _____ Patient: _____

DMBA ID number: _____ Authorization number(s) (if applicable): _____

Claim number(s): _____

Provider name: _____ Tax ID number: _____

Facility name: _____ Provider NPI: _____

Provider mailing address: _____

Office contact: _____ Phone number: _____

Tell us below why you are requesting a review of this claim. Attach a separate sheet of paper if necessary:

Please return this completed form with all documentation to DMBA, P.O. Box 45530, Salt Lake City, UT 84145-0530, or fax it to 801-578-5901. For questions, call us at 801-578-5600 or 800-777-3622.