

Please indicate level of Appeal you are currently filing:

 1 2 3

Community • Independence • Empowerment

If 2 or 3 is checked above, the assigned ISK appeal number MUST be written here: \_\_\_\_\_

# Provider Appeal

ISK ID# (if applicable): \_\_\_\_\_ Consumer Name: \_\_\_\_\_

Primary Clinician: \_\_\_\_\_ Primary Provider: \_\_\_\_\_

Name of Filer: \_\_\_\_\_

Name of Filing Agency: \_\_\_\_\_

Agency's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

### Related to:

Date of Receipt of Adverse Notice \_\_\_\_\_

Claims Payment and/or Adjustment to Payment (please attach a copy of the denied claim form)

Authorizations

ISK Claim #: \_\_\_\_\_

Service Code Denied: \_\_\_\_\_

Date range denied: \_\_\_\_\_

# of units denied: \_\_\_\_\_

(i.e., months, days, sessions, etc.)

Total Dollar Amount of Appeal: \_\_\_\_\_

Other Non-Clinical Issue (please explain): \_\_\_\_\_

Denial or Suspension of Provider Panel Status: \_\_\_\_\_

Retrospective Hospital Review

### Desired resolution for this Appeal:

**Standard or criteria based on ISK policy 02.02 (Provider Grievance and Appeals [non-clinical]), sections 1.C upon which the Appeal is based and supporting information or documentation related to the criteria:**

**If Level II Appeal, provide new information and relevant supporting documentation as applicable to support a Level II Appeal. Include additional rationale relevant to determination criteria as outlined in ISK policy 02.02, Section 1.C items 1-5:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

# Provider Appeal

**Note: if this appeal form contains insufficient information, it will automatically be denied.**

***FOR OFFICE USE ONLY***  
***ISK Level I Determination***

Decision:  approved  partial approval  denied Date of approval/denial: \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_  
cc: Population Director

***FOR OFFICE USE ONLY***  
***ISK Level II Determination***

Decision:  approved  partial approval  denied Date of approval/denial: \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_  
cc: Population Director

Send all Appeal forms by encrypted email to [ISKProviderAppeals@iskzoo.org](mailto:ISKProviderAppeals@iskzoo.org).