



## Contracted Provider Reconsideration (Appeal) Form

Contracted Windsor Health Plan providers must file an appeal for claim payment denials within 180 calendar days of the initial Windsor Medicare Explanation of Payment (EOP). Please visit our web site for detailed information regarding the appeals process. If you are not a contracted Windsor Health Plan provider, please utilize the Non-Contracted Provider Appeal form available on our web site. If you are a treating physician wanting to appeal a Pre-Service Denial on behalf of a member, please visit the Member Appeals & Grievances section on our web site for detailed information regarding the member appeals process.

Complete all fields, attach appropriate documentation, and mail or fax to:

Windsor Health Plan, Inc.  
**Attn: Contracted Provider Appeals**  
7100 Commerce Way, Suite 285  
Brentwood, TN 37027  
**Fax Number: (615) 250-1711**

**Check Reason for Reconsideration:**

- Prior authorization not requested
- Authorization does not cover services rendered
- Prior authorization denied and provider proceeded to render services

DATE: \_\_\_\_\_ PROVIDER NAME: \_\_\_\_\_

ADDRESS (Street, City, and Zip): \_\_\_\_\_

Tax ID: \_\_\_\_\_ PHONE # : (\_\_\_\_) \_\_\_\_\_ FAX # : (\_\_\_\_) \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CLAIM INFORMATION: (Please complete one form per member.)

PATIENT NAME: \_\_\_\_\_

PATIENT ID #: WX \_\_\_\_\_ DATE(S) OF SERVICE: \_\_\_\_\_

CLAIM # \_\_\_\_\_ BILLED AMOUNT: \$ \_\_\_\_\_

**REQUEST FOR REVIEW: (Indicate the reason(s) this claim should be reconsidered. If you failed to obtain prior authorization, please explain why.)**

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**The following attachments are required:**

1. Supporting documents (operative reports, med records, chart notes, Medicare EOB, etc.)
2. Copy of claim form
3. Windsor Medicare Extra initial EOP
4. Proof of eligibility verification or explanation of why eligibility verification was not obtained (if applicable to reason for reconsideration)

**UNTIMELY OR INCOMPLETE APPEAL REQUESTS WILL NOT BE CONSIDERED.**