



Provider Appeal/Dispute Resolution Form

Before You Complete this Form

Use this form to request a provider appeal or dispute review that is not related to a claim.

Partners does not use the Provider Appeal/Dispute Resolution Form for claims appeals or claims reconsideration requests. Do not send claims reconsideration requests to Provider Disputes. Sending requests to the wrong department may delay review and response.

Partners Claims Reconsideration Process

If your appeal or dispute is related to a claim, please follow the Partners [Claims Reconsideration Process](#). For all claims-related questions, contact the Claims Department at: ClaimsDepartment@PartnersBHM.org.

Submit this Form

Submit the completed form and any supporting documentation to:

Partners Health Management
Attention: Provider Dispute Resolution Review
1985 Tate Blvd. SE, Suite 29
Hickory, NC 28602

Fax: 704-884-2709

Email: Provider_Disputes@PartnersBHM.org

Provider/Requestor Information			
Date:		Provider Name:	
Contact Name:			
	<i>First</i>	<i>Last</i>	
Mailing Address:			
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone Number:	Email:		

Type of Appeal/Dispute
Type I: Participating Provider Appeals
☐ Finding or recovery of an overpayment by the PIHP/PHP
☐ Withhold or suspension of payment related to waste or abuse concerns
☐ Contract termination for cause or finding of contract violation
☐ Corrective action by the PIHP/PHP
☐ Determination to decertify an AMH+ or CMA

Type II: Out-of-Network Provider Appeals

- ☐ Dispute regarding an out-of-network payment arrangement, such as a single-case agreement
- ☐ Finding of waste or abuse by the PIHP/PHP
- ☐ Finding or recovery of an overpayment by the PIHP/PHP

Appeal or Dispute

Explanation of Appeal or Dispute

Include the decision, action or issue you are appealing or disputing, the date of the decision or action and any other details that may help Partners review your request.

Explanation of Previous Attempts to Resolve Issue

Supporting Documentation

Can include written notices, correspondence, contracts, payment information, records or other relevant materials. Supporting documentation may be submitted by email, mail, fax, hand delivery, ProviderCONNECT or another written method. Type of documentation submitted: