SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.548.1224 | 715.221.9588
TTY: 711

# Formal Provider Appeal

**For appeals only**
**Do not use for corrected claims**

Provider name (print) _____

Practice name _____

☐ Pre-service ☐ Post-service ☐ Medicaid/FHC ☐ Medicare Advantage ☐ Commercial ☐ Other

Patient name (print)_____ Birth date _____

Subscriber ID_____ BadgerCare+ ID _____

Service date(s) _____ Claim number (ICN) _____

Remit/Statement date (m/d/y) _____ /_____ /_____ Is the denial member's responsibility: ☐ Yes ☐ No

CPT/HCPCS code(s) _____ Total billed charges _____

Explain in detail why you feel Security Health Plan should review and reconsider its decision on the charge(s) in question

Please submit any additional information that may apply to your formal appeal. If medical records are submitted, indicate in the medical record where it supports your appeal. Also, attach a copy of your claim or statement.

Please provide information for individual submitting appeal. If no address is specified below, Security Health Plan's response will be mailed to the billing address:

Name (print) _____

Address _____

City _____ State _____ ZIP _____

Telephone number _____

Date (m/d/y) _____ /_____ /_____

Completed appeals should be returned to:

ATTN: Claims Department – Appeals
Security Health Plan
PO Box 8000
Marshfield, WI 54449-8000

Fax: 715-221-9650
shp.claims.provider.appeals@securityhealth.org

831-00062 (06/19) 