

## Reconsideration Appeal Form

Reconsideration will be denied if the following items are not included with the Appeal form:

- Medical bill
- Original EOB
- Medical notes associated with the visit

Completed form and supporting documents can be uploaded to:

[www.prescientnational.com/bill-reconsideration-upload](http://www.prescientnational.com/bill-reconsideration-upload) or faxed to (704) 927-2867.

Patient name: \_\_\_\_\_ Claim No: \_\_\_\_\_

Provider name: \_\_\_\_\_

Provider address: \_\_\_\_\_

Date of service: \_\_\_\_\_

Description of item/service in question: \_\_\_\_\_

Explanation for disagreement with the determination of the claim:

Additional information to consider:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have attached evidence to this form.

I do not have evidence to submit.