

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 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.