Nevada Medicaid and Nevada Check Up

Formal Claim Appeal Request

Purpose: Use this form to request a formal claim appeal. Do **not** use this form to submit adjustments/voids, to make corrections to claims or to resubmit a denied claim.

Claim appeals must be submitted via the Provider Web Portal (PWP). To submit a claim appeal, log on to the PWP and navigate to Secure Correspondence. For detailed information regarding how to use Secure Correspondence for claim appeals, refer to Electronic Verification System (EVS) User Manual Chapter 1 (Getting Started) and Chapter 3 (Claims) on the EVS User Manual webpage at www.medicaid.nv.gov.

For questions regarding this form, call (877) 638-3472
DATE:
PROVIDER INFORMATION
Provider Name:
Provider NPI/API:
Name of person to be contacted regarding the appeal:
Contact person phone number:
CLAIM INFORMATION
Internal control number (ICN) (13 digits):
REASON FOR THE CLAIM APPEAL (be specific)
ATTACHMENTS
Please check the box if you are including attachments with this Formal Claim Appeal Request:
Documentation to support the appeal request, e.g., physician's notes, medical records, etc.
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