

Commercial Provider Appeal Form

To obtain the PHP Medicare provider appeal form, login to the PHP Medicare provider portal and click on Forms & Resources



Please submit this form with documentation/medical records that support your appeal. You will receive an official confirmation letter once PHP receives the completed form.

Please choose your type of appeal:

Claim Related

Denied Authorization

Payment Dispute *Disputing reimbursed amount*

Increased Payment Request *Requesting additional reimbursement for complicated procedure.*

NOTE: We require both medical records and an explanation from the provider describing the complicated procedure.

Date of Request

Provider Name

Member Name

Provider TIN

Provider NPI

Member Number

Date of Service

Submitter Information

Name

Phone Number

Fax Number

Claim Number

Address

Claim Amount

Email

Detailed Description of Your Appeal

Appeals are date-stamped when received during business hours. If received after business hours, your appeal will be date-stamped the following business day. Determination notification will be sent within 45 calendar days of the date stamp.

Are You Adding Any Attachments?

Yes

No

Please Send
Commercial Appeals To:

[Access to Medicare Appeal form](#)

Physicians Health Plan
Attention: Provider Appeals
PO Box 30377
Lansing, Michigan 48909-7877

Email PHPProviderAppeals@phpmm.org

Fax 517.364.8517

Monday - Friday, 8 a.m. to 5 p.m. EST,
except holidays