

**Cardinal Innovations
NETWORK PROVIDER REVIEW AND DETERMINATION (R&D)
CLAIMS DENIAL REQUEST FORM**

This process is only for Contracted/In Network Cardinal Innovations Network Providers.

For Claims Denial consideration: request must fall within the following parameters:

1. Hospitals/State Facilities: Appeal is within two hundred and ten (210) days from the date of service.
2. Professional Providers: Appeal is within one hundred and twenty (120) days from the date of service.
3. Timely Filing denials are non-appealable.

A Provider may choose to contact by phone OR complete the R&D Request Form below and submit, along with any supporting documentation, to:

Claims Manager
Cardinal Innovations Service Center
10150 Mallard Creek Rd., Suite 400
Charlotte, NC 28262
980-938-4019
FAX: 980-938-4194
claimappeals@cardinalinnovations.org

NOTE: If the form is submitted for other than claims denial consideration, request will not be considered.

REQUIRED	Provider: _____ Contact Name: _____ Contact Address: _____ Contact Number: (_____) _____ Form Completion Date: _____ <hr/> Client Last Name: _____ Client First Name Initial: _____ Consumer DOB: _____ Cardinal Innovation System ID # for Client: _____ MID # _____
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Claims Denial R & D: Cardinal Innovations Claims Specialist Staff Name Contacted: _____ <i>Reason for Request: (Why are you not satisfied with Staff response & why did the claim(s) deny?)</i> _____ _____ _____ _____
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(Attach additional sheet if necessary)

Claim # _____ Service: _____ Service Code: _____

Date(s) of Service: _____ # of Units: _____

Cardinal Innovations Unit will review this request and determine if the authorization issue will be upheld or overturned. The decision will be communicated within thirty (30) days from date the request was received. However, matters beyond our control or requests for additional information may extend the decision timeframe.
