

NEW JERSEY PIP PRE-SERVICE APPEAL FORM

TYPE OR PRINT LEGIBLY AND KEEP WITHIN THE LINES OF THE SPACE PROVIDED	1. DATE APPEAL SUBMITTED	2. RECEIPT DATE OF ADVERSE DECISION
---	--------------------------	-------------------------------------

CLAIM INFORMATION

3. INSURANCE COMPANY	4. CLAIM #	5. DATE OF LOSS
----------------------	------------	-----------------

PATIENT INFORMATION

6. LAST NAME	7. FIRST NAME	8. MIDDLE INITIAL	9. DATE OF BIRTH
10. ADDRESS (No. Street)	11. CITY	12. STATE	13. ZIP

PROVIDER/FACILITY INFORMATION

14. LAST NAME	15. FIRST NAME	16. FACILITY-OFFICE NAME	
17. SPECIALTY	18. TAX ID #	19. NPI #	
20. ADDRESS (No. Street)	21. CITY	22. STATE	23. ZIP
24. TELEPHONE # (Include Area Code)	25. FAX # (Include Area Code)	26. EMAIL ADDRESS	
27. PROVIDER AVAILABILITY DAYS OF WEEK: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY		28. PROVIDER AVAILABILITY TIME OF DAY: FROM TO	

DOCUMENTS INCLUDED

29. CHECK THOSE APPLICABLE BELOW (Include Proof of Receipt if Applicable)

<input type="checkbox"/> *ORIGINAL APTP FORM	<input type="checkbox"/> *APTP DECISION/RESPONSE DOCUMENT	<input type="checkbox"/> *APPEAL RATIONALE NARRATIVE
<input type="checkbox"/> INDEPENDENT MEDICAL EXAM REPORT	<input type="checkbox"/> DIAGNOSTIC REPORT(S)	<input type="checkbox"/> PEER REVIEW REPORT
<input type="checkbox"/> OTHER SUPPORTING DOCUMENTS (Describe): _____		

PRE-SERVICE APPEAL ISSUES

30. DATE(S) OF REQUEST						31. CPT, HCPCS, NDC	32. RESPONSE NOT RECEIVED WITHIN 3 BUSINESS DAYS YES INDICATE WITH X	33. ADMINISTRATIVE DISPUTE YES INDICATE WITH X	34. MEDICAL NECESSITY DISPUTE YES INDICATE WITH X
FROM			TO						
MM	DD	YY	MM	DD	YY				

* Indicates minimum documents required that must be included with the submission of this form with **ADDITIONAL/NEW** supporting records only

FRAUD PREVENTION-NEW JERSEY WARNING

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

PROVIDER STATEMENT

I HAVE PERSONALLY COMPLETED OR REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

35. SIGNATURE OF PROVIDER	36. DATE
---------------------------	----------