VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

PROVIDER ADMINISTRATIVE REVIEW

Today's Date:

Provider Beneficiary Name:

Provider Number Beneficiary UID:

Reason for request for Administrative review

Timely filing denial

Prior Authorization (PA) denial: (1) PA disapproval by the DVHA or its agents (other than medical necessity determinations); (2) PA decisions about the "immediate need" for durable medical equipment; (3) PA disapproval because documentation was inadequate

Error in manual pricing

Purchase versus rental decisions for durable medical equipment

Improper payments.

Other (describe)

Information pertaining to request for review - Please include claim information if applicable (*Please see Provider Manual for process & Requirements)*.

Supporting documentation attached: Yes No

Signature of provider or authorized representative

Print Name

Email:

Fax:

Mail: