AMM
ADVANCED MEDICAL MANAGEMENT, INC.

CMSP

# Provider Appeals Regarding Clinical Decisions

Providers acting on behalf of themselves may submit an appeal of a denied service in whole or in part by completing this form. Please attach copies of all documentation you may have in relation to this appeal and include any additional information which may support your appeal. This form and any accompanying documents may be mailed or faxed to:

**CMSP- Advanced Medical Management**
**Attn: Care Management - Appeals**
**5000 Airport Plaza Drive Suite 150**
**Long Beach, CA 90815**
**Fax: (562) 766-2005**

## Section I: Patient Information

| Patient Name (First, middle initial, last): | |
|---|---|
| Member ID (Copy from the member's ID card): | Patient Date of Birth: |

## Section II: Physician Information

| Requesting Physician (Print first, last name): | Requesting Physicians Signature (Signature & Date): | |
|---|---|---|
| Fax Number: | Phone Number: | Physician NPI Number: |
| Physician Mailing Address (Street or P.O. Box, City, State & Zip Code): | | |
| | | |

## Section III: Appeal Information

| Date of Service: | CPT Codes: | CPT Codes: |
|---|---|---|
| Diagnosis Codes: | Diagnosis Codes: | |

**MEDICAL NECESSITY DENIALS**
Fax# (562) 766-2005

- ☐ Inpatient vs. Observation
- ☐ Not Medically Necessary
- ☐ Investigational
- ☐ Cosmetic
- ☐ Experimental

**ADMINISTRATIVE DENIALS**
Fax# (562) 766-2005

- ☐ No Authorization for Inpatient Hospital Admission

Denial Reason:

| Comments (If additional space is needed, please use the back of this form): |
|---|
| |

- ☐ Records Attached