



PROVIDER RECONSIDERATION REQUEST FORM

ONLY FOR DENIALS RELATED TO AUTHORIZATION AND MEDICAL NECESSITY

****Notes a required field to avoid rejection of your request.**

Submission Date		**Appellant Phone#	
**Appellant Contact Name		**Appellant Fax# (Preferred method of communication)	
**Appellant Business Name and Address	**City	**State	**Zip
Call PAU at 888-767-4670 to obtain a pt level service #	* *1 st level service#		

PATIENT INFORMATION is required

Patient Name	Kaiser Permanente of WA ID Number
Date(s) of Service	Total Billed Amount in Question

Kaiser Permanente Claim number(s)

****All requests must include a detailed reconsideration letter stating the extenuating circumstances that prevented your facility from obtaining a prior authorization.**

****Missing or incomplete information will result in rejection of your reconsideration request.**

PHYSICIAN: OFFICE/ASC/DME/OTHER INPATIENT/OBSERVATION

Qualifying circumstances for a reconsideration are patient presented with other insurance, the service was urgent, the patient was not responsive or had cognitive impairment, the patient was non-English speaking, or a child without a parent.

**Please submit documentation to support your reason for reconsideration. This could be registration/patient demographics, applicable medical records, documentation showing a translator was not obtained timely or was not available, and/or documentation showing the child presented without a parent.

HOSPITAL: INPATIENT /OBSERVATION REQUIRED DOCUMENTS FOR REVIEW

- * Registration and verification of insurance (if we were not notified of the stay)
- * Procedures or operative reports
- * ER notes
- * Daily MD progress notes
- * History & physical
- * Discharge Summary

Submit reconsiderations through our Portal [https:// wa-provider.kaiserpermanente.org/](https://wa-provider.kaiserpermanente.org/) by fax or mail.

**Kaiser Foundation Health Plan of Washington
Provider Reconsiderations
Fax: 509-747-4606**

Attn: Provider Reconsideration ACN-16
**PO Box 30766
Salt Lake City, UT 84130-0766**