

# Bureau for Medical Services Appeal Request Form

Appellant			
Appellant:	Level of Appeal being Requested (Requests for an Evidentiary Hearing prior to the resolution of a Document Desk Review will not be granted): <input type="checkbox"/> Document Desk Review  <input type="checkbox"/> Evidentiary Hearing		
Appellant Address	City	State	Zip
Appellant NPI:	Case number (ex: FAM-01-01-00001):		
Appellant point of contact:	Role:		
Appellant Contact Phone:	BMS Contact Email:		
Total Disallowance Amount:	Total amount being appealed:		

Summarized Factual Basis for the appeal #1 (requests which do not specify the payment(s) being contested by claim number will not be granted; requests submitted without supporting documentation / examples will not be granted):	Relevant BMS provider manual section:	Dollar Amount being appealed:
Summarize Factual Basis for the appeal #2 (requests which do not specify the payment(s) being contested by claim number will not be granted; requests submitted without supporting documentation / examples will not be granted):	Relevant BMS provider manual section:	Dollar Amount being appealed:
Summarized Factual Basis for the appeal #3 (requests which do not specify the payment(s) being contested by claim number will not be granted; requests submitted without supporting documentation / examples will not be granted):	Relevant BMS provider manual section:	Dollar Amount being appealed:

Please attach copies of all relevant documents. This may include, but not be limited to: file documents, provider enrollment documentation, notes of provider education/training, provider questions, and advisory bulletins and/or policy update announcements. Communication sources may be letters, emails and phone logs. If the amount of documentation is too great to be emailed, please mail to the address listed below. Add additional pages as necessary.

Mail or email a copy of this referral form and all attachments to the Bureau for Medical Services Provider Appeals inbox.

Email: [DHHRBMSproviderappeals@wv.gov](mailto:DHHRBMSproviderappeals@wv.gov)

Mail: Provider Appeals  
 Bureau for Medical Services  
 Office of Program Integrity  
 350 Capitol Street, Room 251  
 Charleston, West Virginia 25301

Phone: (304) 558-1700

Fax: (304) 558-1451