

Request for External Independent Third-Party Review

Due to the possibility of financial costs associated, members are not allowed to request an External Independent Third-Party Review.

REQUIRED INFORMATION	
Designated Contact Name:	
Mailing Address:	
Phone Number:	
Email:	
Fax Number:	
Reason for request	
ONE REQUEST PER FORM	
United HealthCare Appeal Number:	
Member Name:	Medicaid ID:
Specific Issue Being Appealed:	
<input type="checkbox"/> Denial of authorization of a new healthcare service <input type="checkbox"/> Denial of a claim for reimbursement Authorization number: _____ Claim number: _____	
Basis upon which the provider believes United HealthCare's decision is erroneous:	

Completed forms can be submitted in the following ways:

By postal mail:

UnitedHealthcare Community Plan of KS
Attn: EITPR
PO Box 31218
Salt Lake City, UT 84131

In person:

(During Business Hours 8am-5pm CST)
6860 W. 115th Street
Overland Park, KS 66210

Must be labeled: UHC Community Plan of KS – EITPR

By email:

KS_EITPR@uhc.com

With my signature, I am requesting an External Independent Third-Party Review. I understand that I am responsible for payment of the cost of the review if the decision I am disputing is not reversed by the third-party reviewer.

Provider Signature: _____

Date: _____

Printed Provider Name: _____

NOTE: All requests for External Independent Third-Party Review will be denied if the provider has not completed the United HealthCare formal appeal process or does not file the EITPR request timely (63 days from the notice of appeal resolution date). This completed form is required to process an EITPR Review. Forms that are not signed will not be processed. **No additional documentation will be accepted with this EITPR request. If you would like to submit additional documentation, please use the State Fair Hearing process.** Only the records and documentation reviewed during the appeal will be reviewed during the EITPR. Please see Chapter 12 of the [UnitedHealthCare Care Provider Manual](#) for more information on appeal processes. For questions or assistance completing this form, please contact Provider Services at 877-542-9235.