

Potomac Psychological Center, LLC

Charge Appeals

Date: _____ Patient Name: _____

Contact Name & Phone Number: _____

Date of Service Appeal is for: _____

Please write your appeal below or attach a "letter of appeal" and send via postal mail or facsimile. If possible, please provide any supporting documentation (appointment card, cancellation code, medical emergency documentation) that may help us process your appeal. **Appeals must be received within 60 days from the date of service in order to be considered.** This appeal will be reviewed by the practice administrator and CEO (the Medical Director will review medical emergency appeals). Once we've received your appeal and all supporting documentation, we will respond within 15 days. If your appeal is denied, payment will be expected within 60 days of the date of service. Please note that all decisions are final.

Reason for Appeal:

Management Representative Date

Practice Administrator Date

Approved/Denied Date

Research Comments: _____
