

## **Reopen Request Form for Providers**

Affinity Medical Group complies with the Centers for Medicare and Medicaid Services (CMS) Medicare Managed Care Manual, Chapter 13, when a physician or Medicare Advantage (MA) member (or a member's authorized representative) requests to reopen a prior authorization of a previously denied organization determination of medical services based on clerical error or the availability of additional information.

For Affinity Medical Group to consider reopening a determination, please fax this form and any additional relevant information to Affinity at 1-855-550-1423.

Physician Full Name:

Denial /Case Tracking #:
Physician Telephone Number:
Member Name:
Member Health Plan ID # & Date of Birth:
Specific reason for your re-open request:

- To reopen requests of previously denied standard determinations, where a member appeal has not been filed, Affinity Medical Group will respond to your request no later than 30 days after the date of receipt of this form.
- To reopen requests of previously denied expedited determinations, where a member appeal has not been filed, Affinity Medical Group will respond to your request no later than 72 hours after the date of receipt of this form, unless an extension Is granted.