



500 Barfield  
Hastings, Michigan 49058  
269-948-8041

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Level of Appeal \_\_\_\_\_1 \_\_\_\_\_2

Received Date \_\_\_\_\_

## Provider Claims Appeal Form

Client ID # \_\_\_\_\_ Client Name \_\_\_\_\_

Provider Name \_\_\_\_\_

Claim # \_\_\_\_\_ Procedure Code Denied \_\_\_\_\_

Date of Service \_\_\_\_\_ Authorization # \_\_\_\_\_

Explanation of Appeal:

\_\_\_\_\_  
Signature Printed Name Date

Send Appeal Form to:  
Barry County Community Mental Health Authority (BCCMHA)  
Attn: Julie Webster  
500 Barfield  
Hastings, Michigan 49058

Decision: \_\_\_ Approved \_\_\_ Partial Approval \_\_\_ Date: \_\_\_\_\_  
Comments:

Signature: \_\_\_\_\_

