



Provider Peer to Peer Request Form

To initiate a Provider Peer to Peer request related to a denial for Highmark Wholecare members, providers are required to complete the following form and fax to HealthHelp’s Appeal team at **888-265-0013**.

Note: All requested fields of information (below) are required. Submit form and clinical information to support medical appropriateness.

Request Type:	
<input type="checkbox"/> Peer to Peer – Standard	
<input type="checkbox"/> Peer to Peer - Expedited	
Best Day & Time for Peer to Peer:	Time Zone (circle): Eastern Central Mountain Pacific
Member Information	
Member Name (<i>First & Last</i>):	
Member ID:	
Member Date of Birth (<i>MM/DD/YYYY</i>):	
Referring (ORDERING) Provider Information	
Referring (Ordering) Provider Name (<i>First & Last</i>):	
Referring (Ordering) Provider NPI:	
Referring (Ordering) Phone:	
Referring (Ordering) Fax:	
RENDERING (Servicing/Billing) Facility Information	
Rendering Facility Name:	
Rendering Facility Address:	
Rendering Facility Tax ID:	
PROCEDURE/ Treatment Information	
Procedure, HCPCS codes Billed:	
Dx (Diagnosis) Code:	
Procedure Date (Date of Service) (<i>MM/DD/YYYY</i>):	
Please state why the denial should be overturned:	

Confidentiality Notice

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