

TennCare Provider Post Service Appeal Form

Provider Name:	
Provider NPI Number:	
Provider Phone Number	
Facility Contact Person:	

Type:	CGA Provider Appeal
Claim Number for Appeal:	
Claim Lines for Appeal:	
Description of Issue for Appeal:	
Attachments Yes/No:	
Member/Subscriber Name:	
Member/Subscriber Number/ID:	

Please note:

*Please do not send an ADA claim form with your appeal.

**An Appeal is a written request for a review of an adverse benefit determination taken by DentaQuest.

No other types of requests should be sent to the CGA Appeals Department.