

Request for external independent third-party review (EITPR)

For health care providers only. Members may not submit requests.

Required information

Health care provider/contact name

Mailing address

City

State

ZIP

Phone number

Email

Fax number

UnitedHealthcare appeal number

Member name

Medicaid ID

Reason for appeal

Authorization denied for a new health care service

Claim reimbursement denied

Authorization number

Claim number

Explain why you are appealing the decision

Submit the completed forms in one of the following ways

By mail

UnitedHealthcare Community
Plan of Kansas
Attn: EITPR
P.O. Box 31218
Salt Lake City, UT 84131

In person

8 a.m.-5 p.m. CT
6860 W 115 Street
Overland Park, KS 566210
Please label all documents:
UnitedHealthcare Community Plan
of Kansas - EITPR

By email

KS_EITPR@uhc.com



I understand I am responsible for the review costs if the decision is not reversed by the third-party reviewer. ([Find a list of associated costs at External Independent Third Party Review - Associated Costs.](#))

Health care provider signature	Date
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Printed name

Note: You must complete the UnitedHealthcare formal appeal process before filing an EITPR. Review chapter 12 of the [UnitedHealthcare Care Provider Manual](#) for information on filing an appeal. If you are not satisfied with the appeal decision, filing an EITPR is the next step. You must file a completed EITPR within 63 days from the date of the appeal resolution notice. **No additional documentation will be accepted with an EITPR.** Only the records and documentation reviewed during the appeal will be reviewed during the EITPR. **Forms that are not signed will not be processed.** For questions or assistance completing this form, please contact Provider Services at 877-542-9235. If you would like to submit additional documentation, please use the [KanCare State Fair Hearings](#) process.

