

Request to Reopen a Medicare Adverse Determination

Member Name:	AvMed ID #: A
Provider Name:	Phone #:
Reference # from Denial Notice: **Specific Reason for Reopening the denied service:	
I am requesting a reopening of the denied server Within 1 year from the date of the initial advantage.	
Within 4 years from the date of the initial a	dverse determination for good cause.
decision, and may result in a different concl	g the determination or decision clearly shows on its face that
evidence" is evidence that had not been consimust show facts not previously available, v	not a basis for a re-opening by itself. "New and material idered when the original decision was made. This evidence which could possibly result in a different decision. New of existing information that the health plan deems to be nefit).
At any time if there exists reliable evidence determination was procured by fraud or similar	e (i.e., relevant, credible, and material) that the organization fault.
At any time if the organization determinat but only for the purpose of correcting a clerical	ion is unfavorable, in whole or in part, to the party thereto, error on which that determination was based.
Meaning of Clerical Error: A clerical error includes such human and mecinaccurate coding, and computer errors.	hanical errors as mathematical or computational mistakes,

Please fax requests to 352-337-8555. For inquiries, please call 800-346-0231 x40513.