



500 Barfield
Hastings, Michigan 49058
269-948-8041

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: Kelly Jenkins
500 Barfield Drive
Hastings, Michigan 49058

Decision: ___ Approved ___ Partial Approval ___ Date: _____

Comments:

Signature: _____

