

C2C SOLUTIONS PROVIDER INQUIRY FORM

This form is to be used to report issues when you believe C2C Solutions has overlooked documentation submitted and did not process your appeal correctly. The upper section of this form should be filled out in its entirety. Do NOT append any documents to this form. C2C Solutions cannot amend its decision if the provider failed to provide documents on the original Level 2 appeal. **Submit this completed form and submit by Fax to:** 904-224-2760 and/or mail directly to: C2C Innovations, PO Box 44163, Jacksonville FL 32231

Please do not include any HIPAA protected information.

C2C APPEAL #	
C2C APPEAL DECISION	
PROVIDER'S COMPLAINT REGARDING THIS DENIAL (e.g. CMS published reference in support OR document name /paragraph of documentation previously submitted that supports supplier's complaint)	
PROVIDER NAME AND ADDRESS	
CONTACT NAME	
CONTACT PHONE NUMBER	
***** FIELDS BELOW ARE FOR C2C SOLUTIONS USE ONLY *****	
C2C RESPONSE	
C2C SUPERVISOR/MANAGER	

