

# Prior Authorization Denial Grievance Document

**Member Name:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Provider Phone:** \_\_\_\_\_

**Provider Fax:** \_\_\_\_\_

**Authorization Number:** \_\_\_\_\_

**Service Requested:** \_\_\_\_\_

**Date of Denial:** \_\_\_\_\_

Reason for Grievance

\_\_\_\_\_

Supporting Documentation List

\_\_\_\_\_

Member or Provider Statement

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Role:** \_\_\_\_\_