

**KNOXVILLE PEDIATRIC ASSOCIATES, PC  
PATIENT APPEAL REQUEST AND REVIEW**

- We are aware that insurance companies have suggested to our patients that we can change a code in order for a claim to be paid. Oftentimes, the code suggested by an insurance company is not a code performed in our office, and therefore it cannot be changed.
- An insurance policy is a contract between the insurance company and the subscriber, and we are not a party to that contract. Every effort is made to correctly code at the time of the visit so that we can efficiently file insurance claims and expedite payment on behalf of our patients.
- We cannot change visit level codes or diagnosis codes in an effort to lessen the patient's financial responsibility.

Please provide the information requested below. This form should be downloaded and completed on-line and returned to **forms@knoxpeds.com**. You will receive a response via encrypted email in one-two weeks.

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Account #: \_\_\_\_\_ Insurance: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Location of Visit: \_\_\_\_\_

Insurance: \_\_\_\_\_

Please explain the reason for your appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing an appeal does not guarantee changes to the visit will be made. If you have an issue with the way your insurance processed your claim for this visit, you should contact your insurance company.

Parent Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

For Office Use Only\*\*\*\*\*

KPA Employee Reviewing Appeal and Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_