

## Purchase/Referred Care (PRC) Service Appeal Form

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

Patient Name: \_\_\_\_\_ Med Rec é \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Case é: \_\_\_\_\_

Person submitting Appeal: \_\_\_\_\_

Provider: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Patient's Reason for Appeal:

Additional supporting documentation: Yes or No

To Appeal submit this form and/or appeal letter, along with a copy of PRC denial letter, any additional supporting documentation, and all medical bills relating to this denial (optional).

Submit all appeals to: Oneida Community Health Center  
Attn: PRC Supervisor  
PO Box 365  
Oneida, WI. 54155

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494

=====

**Office use only:**

Appeal deadline date: \_\_\_\_\_ Received date: \_\_\_\_\_

PRC Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision: Upheld/Overtedurned      Decision date: \_\_\_\_\_

Reason for decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_