

Senior Preferred Benefit Denial Form Instructions:

CMS-10003-NDMCP - Notice of Denial of Medical Coverage (or Payment)

STEP 1: Fill out top section of form with the following information:

- Date: [insert month, day, year notice is issued]
- Member number: [Senior Preferred member ID #]
- Member Name: [members full name]
Address:
City, State ZIP
- Date(s) of Service:
- Provider: [practitioner name]

STEP 2: “Your request was denied”

Ensure the service/item listed is the service/item you’re providing. If not, print of the “General Use” form and write in the specific service/item being provided.

STEP 3: Is notice for denial to a swing bed or skilled nursing facility:

- If no, proceed to step 4.
- If yes, have member sign the notice and fax a copy within 24 hours to Customer Service as directed on the notice.

STEP 4: Issue copy of the notice to the member. Place a copy in the patient record.

NOTE: When providing this notice, Senior Preferred contracted providers are required to keep a copy of this notice in the patient record for future reference and audit. The form is required to be filled out completely and accurately using the instructions above. Should these instructions not be followed, charges for the services/items provided may be provider liability.

Questions regarding the process of completing this notice may be directed to Senior Preferred Customer Service at: (800) 394-5566 or (608) 881-8276.