



Post Service Claim Review Form

This form is only to be used for review of a claim where an authorization was obtained, however the procedure codes on the claim differ from the initial authorization request. Post service claim review will be performed if the additional procedure codes are subject to prior authorization and fall within the TurningPoint Scope of Services. Submit only one form per patient.

****Inquiries received without the required information below may not be reviewed****

Authorization Number:		
Member ID#:	Prefix:	Group #:
Patient Name: (Last, First)		
Date(s) of Service:		
Provider Name:	NPI:	
Contact Person:	Phone Number:	
Provide detailed information about your review request, including what was initially authorized and what procedure(s) changed:		
REMINDERS		
<ul style="list-style-type: none">• Fax inquiries to TurningPoint: 717-412-1001• Please include all pertinent clinical information, including, but not limited to, operating notes.		