NorthCare Network

200 W. SPRING STREET, MARQUETTE, MICHIGAN 49855
Phone: (906) 225-7254 Toll-Free: (888) 333-8030 Fax: (906) 225-5149 Website: www.northcare-up.org

PROVIDER APPEAL REQUEST FORM

Send form to:
NorthCare Chief Executive Officer via: Fax 269-979-9728 or E-mail wslavin@up-pathways.org or Mail to:
NorthCare Network, ATTN: Chief Executive Officer, 200 W. Spring Street, Marquette, MI 49855

Request for: ☐ **Level-one Review** ☐ **Level-two Review**

Provider Name:	Date Requesting Appeal:
Date Notified of NorthCare's Network participation decision:	
Reason for Dispute	
Additional Information	

Please attach any relevant supporting documentation.

Provider Signature: _____

For Office Use Only:

Date Request Received:	Date of Review:
Date of Response to Provider:	
Findings/Outcome:	