

General Assistance Behavioral Health Program

Advanced Behavioral Health
P.O. Box 1325
Middletown, CT 06457

Reconsideration / Appeal Request

Date: _____

Provider Name: _____

Vendor ID: _____

Client Name: _____

Client EMS ID #: _____

Level of Care: _____

Date(s) of Service: _____

Total Charges: _____

There is a discrepancy regarding the following information:

Eligibility / Client ID#: _____

Diagnosis: _____

Procedure Code: _____

Date(s) of Service: _____

Authorization: _____

Timely Filing: _____

Other: _____

Copies of the claim and supporting documentation are attached. Please review this claim for reprocessing or appeal.

Questions may be directed to GA Customer Service at 800-606-3677.