Tanana Chiefs Conference

Chief Andrew Isaac Health Center
1717 West Cowles St.
Fairbanks, Alaska 99701
(907) 451-6682

Appeal Form

Your appeal **MUST** be received within 60 days from the issue date of the PRC denial letter for consideration.

Required Documentation

☐ **Denial Letter** - Copy of your denial letter from Purchased Referred Care (PRC).
☐ **Bill(s)** - Copy of medical bill(s) you would like considered for payment.

Patient Information

Patient Name:	Date of Birth (DOB):	Chart #:
Mailing Address:	Phone Number	

Service & Billing Information

Date(s) of Service:	Vendor (Facility/Provider Name & Location):
Total Amount Due **(Verify Balance Due Before Submitting):**	Additional Health Coverage (Check all that apply): ☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ None ☐ Other: _____

Appeal Explanation *(Attach additional pages if needed.)*

1. What were the circumstances? _____

2. Why should this be considered for payment? _____

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3. What was the diagnosis? _____

4. Did you call the Triage line? ☐ Yes ☐ No If yes, provide date and time of call: _____

5. Has this happened before? ☐ Yes ☐ No If yes, when? _____

Additional Details

Questions?

Patient Experience
(907) 451-6682 ext. 1918
patientconcerns@tananachiefs.org

Useful Phone Numbers

Fairbanks Memorial Hospital Business Office:
(907) 458-5510
Tanana Valley Clinic Business Office:
(907) 459-3580