



Reopen Request Form for Providers

Health Net complies with the Centers for Medicare and Medicaid Services (CMS) Medicare Managed Care Manual, Chapter 13, when a physician or Medicare Advantage (MA) member (or an MA member’s authorized representative) requests to reopen a prior authorization of a previously denied organization determination of medical services based on clerical error or the availability of additional information.

In order for Health Net to consider reopening a determination, please fax this form and any additional relevant information to Health Net the following fax numbers as applicable:

- **Arizona:** (800) 840-1097
- **California:** (800) 793-4473
- **Oregon:** (866) 295-8562

Physician Full Name: _____

Physician Identification (ID) #: _____

Physician Telephone Number: _____

Member Name: _____

Member Health Net ID#: _____

Specific reason for your request:

- For reopen requests of previously denied standard determinations, Health Net will respond to your request no later than 30 days after the date of receipt of this form
- For reopen requests of previously denied expedited determinations, Health Net will respond to your request no later than 72 hours after the date of receipt of this form, unless an extension is granted