



# Provider Alerts

Important information for our Next providers.

**To: AmeriHealth Caritas Next and First Choice Next Providers**

**Date: September 6, 2024**

**Subject: AmeriHealth Caritas Next and First Choice Next Provider Appeal Form Reminder**

**Summary: Reminder to use the Provider Appeal Form available on our website**

This notification serves as a reminder for Providers to use the Provider Appeal Form when submitting appeal requests. The Provider Appeal form can be found on our website:

<https://www.amerihealthcaritasnext.com/>

This form will help Providers to capture all the key components of their request which will assist us in reviewing the appeal and providing an outcome.

Use of the Provider Appeal Form allows the appeal process to move seamlessly without interruption for lack of missing information.

Thank you for your participation in our network and continued commitment to the care of our Members.

**Questions:**

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services Department for your state.

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<b>Delaware</b> 1-833-301-3377 <a href="http://www.amerihealthcaritasnext.com/de">www.amerihealthcaritasnext.com/de</a>	<b>Florida</b> 1-833-983-3577 <a href="http://www.amerihealthcaritasnext.com/fl">www.amerihealthcaritasnext.com/fl</a>	<b>North Carolina</b> 1-855-266-0219 <a href="http://www.amerihealthcaritasnext.com/nc">www.amerihealthcaritasnext.com/nc</a>	<b>South Carolina</b> 1-833-986-7277 <a href="http://www.firstchoicenext.com">www.firstchoicenext.com</a>
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