Kepro
Making healthcare work

232 Market Street Suite 210
Flowood, MS 39232

RECONSIDERATION REQUEST FORM

FAX TO 877-272-8706

REQEUSTER'S INFORMATION	CASE INFORMATION
Requested by: ☐Beneficiary/Rep ☐Servicing Provider ☐Physician	CASE ID NUMBER: _____
Requester's Name: _____	Date of Denial Notice: _____
Requester's Phone #: ( ) ext.	Fax: ( )

MEDICAL REASON TO SUPPORT RECONSIDERATION

Medicaid Disclaimer

Kepro Certification Determination does not guarantee Medicaid payment for services or the amount of the payment for services. Eligibility and payment of Medicaid Services are subject to all terms and conditions of the Medicaid Program.

Signature of person submitting request:_____