



Provider Manual - Addendum

Filing an Appeal for Non-payment of a Claim

All claim appeals must be filed within **120** days of the date of the Explanation of Payment (EOP). To submit an appeal regarding claim payment, please submit a **completed claim form, a copy of the EOP with the claim in question, and a written explanation of your appeal to:**

**Driscoll Children's Health Plan
ATTN: APPEALS
615 N Upper Broadway, Suite 1621
Corpus Christi, TX 78401-0764**

DCHIP Provider Services 1-877-DCH-DOCS (324-3627)
Pre-authorization and Referrals – Health Services Dept.: 1-877-455-1053 (FAX 1-866-741-5650)
Case Management: 1-877-222-2759 (FAX 1-866-741-5650)
CHIP Member Services: 1-877-451-5598 STAR Member Services: 1-877-220-6376
