



511 Griffin Rd.  
 West Branch, MI 48661  
[Jessica.Olney@wellvance.org](mailto:Jessica.Olney@wellvance.org)  
 P: 517.841.4210  
 F: 989.362.7800

## APPEAL FORM

Consumer name/THOR case #	
Provider Name	
Date of Service	
Claim Number	
Procedure Code	
Amount of Claim	
Appeal Reason	
Documentation Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature	

Internal Use Only:	
Process Date: _____	Appeal # _____
Initial Review By: _____	Approval By: _____
Denied By: _____	Notes: _____