Telligen
Healthcare Intelligence

Acute Hospital Reconsideration Request
Please complete the form and fax to Telligen Acute at 888-297-4276

Date Reconsideration Requested:_____

Facility Name:_____**Facility Number:**_____

Patient's Name:_____

Patient's MA Number:_____

UB04 Number/3808 Number:_____

Admit Date:_____

_____

Contact Name:_____

Contact Phone Number:_____

Contact Fax Number:_____

Contact Email Address:_____

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 443-561-3320.

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