Declined Background Review Appeal Form

First Name | Last Name | NPN | Date

Form Instructions:

- Type your First and Last Name information and NPN in the text fields
- Use the date selector dropdown to add today's date
- Questions 1-3: use the Select dropdown to answer Yes or No
- Question 4: select the appropriate review area check box
- Email this completed form and recommended appeal documentation to Agent Lifecycle Management (ALM) at big.notifications@uhc.com (include your name and NPN on any attachments)

1. Did UnitedHealthcare decline your request for appointment within 12 months of today's date? Select:

   - ***If yes**, select Yes in the dropdown and continue to question 2.*
   - ***If no**, please contact your sales or contracting support for assistance. This form does not apply.*

2. Have you reviewed your background report provided by UnitedHealthcare? Select:

   - ***If yes**, select Yes in the dropdown and continue to question 3.*
   - ***If no**, please obtain a copy of your report from Business Information Group (below) prior to submitting your appeal.*

   Business Information Group
   Customer Care Department
   P.O. Box 541
   Southampton, PA 18966

   Phone: (800) 260-1680
   http://consumercare.bigreport.com

3. Was your request for appointment declined after a recent appeal request closure or denial? Select:

4. Please review the following areas in your background report. If any areas are marked as "Review", please select the area's corresponding check box below and supply the recommended documentation. The documentation may be requested by ALM to move forward with the appeal review of your UnitedHealthcare appointment request's denial.

☐ **Financial**	Please supply satisfaction documentation or proof of current payments made for any listed accounts that are reported as past due or in default.
☐ **Bankruptcy**	Please supply bankruptcy documentation indicating proof of current payments made to the court trustee and/or court documentation indicating the bankruptcy has been satisfied.
☐ **County & Federal Criminal and Other Offenses**	Please supply county or federal court documentation, including offense level, disposition, and/or sentencing information related to the reported charges.
☐ **Insurance Licensing**	Please supply state insurance department documentation, including an fee, sanction or probationary information related to the reported data.
☐ **OIG & GSA Excluded Parties**	Please supply documentation from the Office of Inspector General (OIG) and/or General Services Administration (GSA) indicating you have been removed from these federal government exclusion lists.
☐ **ActionsBase®**	Please supply documentation from the reporting entity indicating the reported information and its related status have changed.