



PROVIDER CLAIM DISPUTE FORM

Use this form as part of the Coordinated Care Claim Dispute process to dispute the decision made during the request for reconsideration process.

NOTE: Prior to submitting a Claim Dispute, the provider must first submit a "Request for Reconsideration". The Claim Dispute must be submitted **within 24 months from the date on the determination letter or EOP from your original request for reconsideration.**

All fields in the box immediately below are required information. For Inpatient Claims: **Include daily level of care.**

Provider Name	Provider Tax ID#
Control/Claim Number <i>Located EOP Under Patient Name</i>	Date(s) of Service and <u>Level of Care (inpt only)</u>
Member Name	Member (RID) Number

Reason for Dispute (please check):

- ☐ Claim was denied for no authorization, but authorization # _____ was obtained.
- ☐ Claim was denied for no authorization, but no authorization is required for this service.
- ☐ Claim was denied for untimely filing in error (proof of timely filing should be attached).
- ☐ Claim was paid to wrong provider
- ☐ Claim was paid for incorrect amount
- ☐ Other (please explain below) _____

Date of Request: _____ Requestor Name: _____

Requestor Phone Number: _____

ATTACH: A Copy of the EOP(s) with Claim(s) to be adjusted clearly circled along with the response to your original request for reconsideration.

NOTE: If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim following the "Corrected Claim" process in the provider manual. Please do not include this form with a corrected claim.

Mail completed form(s) and attachments to:

Coordinated Care - Claims
PO Box 4030
Farmington, MO 63640-4197

Important Notice: Coordinated Care will make reasonable efforts to resolve this request within 30 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you an EOP or letter to that effect.

(This form may be photocopied)