



## CLAIM DISPUTE FORM

Use this form as part of the PA Health & Wellness 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". All claim requests for reconsideration, corrected claims or claim disputes must be received within 365 calendar days from the date of service.

All fields in the box immediately below are required information

Provider Name	Provider Tax ID#
Claim/Control Number <i>Located EOP Under Patient Name</i>	Date(s) of Service
Member Name	Member (ID) 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 timely filing in error (proof of timely filing should be attached). Not Medically Necessary
- 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. The documentation must also include a detailed description of the reason for the request and any additional supporting documentation.**

Mail completed form(s) and attachments to:

PA Health & Wellness  
Attn: Dispute  
PO Box 5070  
Farmington, MO 63640

PA Health & Wellness will make reasonable efforts to resolve all requests within 30 calendar days of receipt. Based upon the information submitted, they will either uphold the original decision, or overturn the original decision. If the original decision is upheld, you will be sent a letter stating the reason(s) for the decision. If the original decision is overturned, you will receive a letter stating PA Health & Wellness' decision and any additional payment due will appear on your remittance.

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.

(This form may be photocopied)