

Provider Claim Dispute

Use this form as part of the **MeridianHealth** 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 claims dispute must be submitted within **90 days of paid date, not to exceed 1 year from DOS.**

All fields immediately below are **REQUIRED** information.

Provider Name:

Member Name:

Provider Tax ID Number:

Member (RID) Number:

Control/Claim Number:

Date(s) of Service:

Reasons for dispute (please check):

- | | | |
|---|---|---|
| <input type="radio"/> Claim was denied for no authorization, but authorization # _____ was obtained. | <input type="radio"/> Claim was denied for untimely filing in error (proof of timely filing should be attached) | <input type="radio"/> Other (please explain below)
_____ |
| <input type="radio"/> Claim was denied for no authorization, but no authorization is required for this service. | <input type="radio"/> Claim was paid to wrong provider PCP | _____ |
| | <input type="radio"/> Hours didn't fit member need | _____ |
| | <input type="radio"/> Claim was paid for incorrect amount | _____ |

Request Name:

Requestor Phone Number:

Date of Request:

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:

MeridianHealth
Attn: Claims Department
PO Box 4020
Farmington, MO 63640

IMPORTANT NOTICE: MeridianHealth will make reasonable efforts to resolve this request within 45 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.

Updated 6/16/2021