Provider Claim Dispute

Use this form as part of the IlliniCare Health 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.

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Member Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Tax ID Number:</td>
<td>Member (RID) Number:</td>
</tr>
<tr>
<td>Control/Claim Number:</td>
<td>Date(s) of Service:</td>
</tr>
</tbody>
</table>

**Reasons 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
- [ ] PCP Hours didn’t fit member need
- [ ] Claim was paid for incorrect amount
- [ ] Other (please explain below)

<table>
<thead>
<tr>
<th>Request Name:</th>
<th>Requestor Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Request:</td>
<td></td>
</tr>
</tbody>
</table>

**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:**

IlliniCare Health
PO Box 3000
Farmington, MO 63640-3800

**IMPORTANT NOTICE:** IlliniCare Health 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 3/1/2018