Claim Appeal Form
For Claims Adjustments, see the online or fax Claim Adjustment Request form

Claim Appeal requests include reconsideration of an adjudicated claim where the originally submitted data is accurate or a claim that was denied for timely filing. A HealthPartners claim number is required.

Patient Member Number _______________________  Patient Name______________________________

HealthPartners Claim Number_____________________

First Date of Service __________________________  Billed Amount $ __________________

Provider Name _____________________________________________________________

Billing Provider ID# NPI (preferred) or Tax ID _____________________________________________

Contact Person ___________________________  Phone# ___________________________

Fax# (Required) ___________________________

Please check applicable reason and attach supporting documentation. A description of the request is REQUIRED.

☐ TIMELY FILING/Late Claims Submission

REQUEST MUST BE MADE WITHIN 60 DAYS OF THE ORIGINAL DISALLOWED CLAIM.

- Check this box to appeal claims submitted after your contractual filing limits. If you have questions about your filing limit please contact your contracting representative.
- Attach a copy of the original claim showing the original print date OR a screen print from your billing system showing the account activity and the reason why the claim is/was submitted late.

☐ Pricing

Incorrect payment or application of benefits

☐ Eligibility Issues

Payment related to member eligibility

☐ Coding Review

Appeal of coding decision. Supporting documentation is required

☐ Prior Authorization

Denied for No Prior Authorization. Request for medical necessity review for claim(s)  Check appropriate review type:

☐ Medical Policy  ☐ Medical Injectable/IV’s  ☐ Behavioral Health  ☐ Dental

☐ Credentialing

Professional credential information was incorrect or has been updated since claim processed

☐ Other

Detailed description REQUIRED below

Complete Description of Reason for Claim Appeal:

☐ HealthPartners  Commercial Insured Products
PO Box 1289
Minneapolis, MN 55440-1289
952-883-7770 or 7755
Fax 651-265-1230

☐ HealthPartners  Government and Senior Products
PO Box 9463
Minneapolis, MN 55440-9463
952-883-7699/888-663-6464
Fax 952-883-7666

☐ HealthPartners  Dental Products
PO Box 1172
Minneapolis, MN 55440
952-883-5165/800-642-1323
Fax 952-883-5160

8/6/2019