MEDICAL/DENTAL APPEAL 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.

Provider Name ________________________________________________

Billing Provider ID# NPI (preferred) or Tax ID________________________

Contact Person ____________________________________________

Email: _______________________________________________________

Phone# __________________ Fax # ______________________________

Patient Member Number ____________________________

Patient Name_______________________________________________

HealthPartners Claim Number________________________

First Date of Service ____________________________

Billed Amount ______________________________

Please check applicable reason(s) and attach all supporting documentation. All appeals require a description of the request in the comments section below.

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. Examples include: Payer sequencing, Paid ineligible charge, processed under incorrect member

Coding Review Appeal of coding decision. Supporting documentation is required

Prior Authorization Request for medical necessity review for claim(s) Denied No Prior Authorization

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

Other Provide a detailed description in the box below

*** Fax number required above for Coding Review and Prior Authorization Review ***

Complete Description of Reason for Claim Appeal:

SUPPORTING DOCUMENTATION ATTACHED: (PLEASE CHECK BELOW)

- New completed claim (HCFA/UB/ADA/other)
- Remittance Advice
- Refund
- Medical Records
- Spreadsheet
- Other (describe)