

# Provider Claim Dispute Form

## PAYMENT RECONSIDERATION & CLAIM APPEAL

### Instructions



- Attach a copy of the Explanation of Payment (EOP) with the claim numbers to be reviewed clearly circled, and any other supporting documents.
- If multiple claims are included in the claim dispute, attach a list of the claim numbers on a separate document.
- Do not include this form with a corrected claim.
- Submit this form within 180 calendar days of the date on the last EOP.

#### MAIL FORM & ATTACHMENTS TO:

Louisiana Healthcare Connections  
Claim Reconsiderations & Appeals  
P.O. Box 4040  
Farmington, MO 63640-3800

## Provider Information

Date: \_\_\_\_\_

Provider Name\*: \_\_\_\_\_ Tax ID\*: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Claim Information

Claim Number\*: \_\_\_\_\_ Date(s) of Service\*: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

\* Indicates a required field

## This dispute is a:

- Request for Reconsideration:** You disagree with the original claim outcome (payment amount, denial reason, etc.). Check here if this is the first time you are requesting a review of the claim.
- Claim Appeal:** You disagree with the outcome of the Request for Reconsideration.

## Reason for the reconsideration or appeal (check all that apply):

- Claim denied for no authorization, but authorization number was obtained.
- Claim denied for no authorization, but no authorization is required for this service
- Claim denied for member not eligible, but member was eligible on DOS (attach eligibility information)
- Claim denied and member was retro-enrolled (attach RA indicating void)
- Claim denied for "Incomplete or missing sterilization form," but one was submitted with claim (attach completed form)
- Claim not paid per the terms of my contract with LHCC (attach relevant reimbursement section)
- Claim denied for "Past Timely Filing" (attach proof of timely filing)
- Claim paid the incorrect amount (attach calculation of expected payment and supporting information)
- Claim denied and we would like it reconsidered (attached medical record documentation)
- Other (please explain):