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):