

## \*Please email this file back to : MFLClaimsDisputesProjects@MolinaHealthCare.Com

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\*Claim Projects are required to be 10+ Claims for the same

	Provider & Root	Cause.												
Patient Name	Policy Number	LOB (Line Of	DOR	nos	Patient Control Number	Rendering Provider Name	Molina Claim /	CPT Codes	Rilled Amount	Paid Amount	Provider's Expected	Root Cause	Provider Comments	MOLINA COMMENTS
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