



### APPEALS REQUEST FORM

(Requests must be received within 90 days of the original remittance advice).

Please allow 30 business days to process this appeals request.

Send **Corrected Claims** to: Molina Healthcare of South Carolina

PO Box 22664 Long Beach, CA 90801

**Please return this completed form and all supporting documentation via fax: (877) 901-8182**

**or mail: Molina Healthcare of South Carolina, Attn: Claims Disputes/Adjustments,**

**P.O. Box 40309, North Charleston, SC 29423-0309**

Medicaid Reconsideration  MMP (Dual Options)

Participating  Non-Participating

#### Section 1: General Information

Member Name:	Member ID #:	
Claim Number (s):	Date of Service:	Billed Charges (\$):
Provider Name:	Provider TIN:	Provider NPI:
Contact Person:	Phone #:	Fax#:

#### Section 2: Type of Appeal

Provider: Please check the applicable reason(s) for the claim reconsideration and attach all supporting documentation.

<input type="checkbox"/> <b>Provider:</b> Processed under incorrect provider/Tax ID number.	<input type="checkbox"/> <b>Timely Filing:</b> Attach claim & supporting documentation showing claim was filed with Molina in a timely manner.
<input type="checkbox"/> <b>CCI Edits:</b> Supporting documentation/ medical records are required to process the reconsideration.	<input type="checkbox"/> <b>Pre-Authorization:</b> Now on file. Authorization #
<input type="checkbox"/> <b>Coordination of Benefits Related Adjustment</b> Primary Insurance Carrier information:	<input type="checkbox"/> <b>Claims Reversal Needed:</b> Explain the reasoning
<input type="checkbox"/> <b>Alternate Insurance Information :</b> EOB Attached	<input type="checkbox"/> <b>Under / Overpayment:</b> Explain the reasoning
<input type="checkbox"/> <b>Med Necessity:</b> Attach reason Prior Authorization was not obtained for service performed & medical records	<input type="checkbox"/> <b>Service is not a duplicate:</b> Explain the reasoning
<b>Additional Details:</b>	

**\*\* If Molina Healthcare of South Carolina determines there is a system configuration error, a claim analysis will be conducted to pull impacted claims for reprocessing. Additional reconsiderations will not need to be submitted. \*\***

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