



MARKETPLACE APPEALS REQUEST FORM

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

Appeals processing times:

Marketplace: **90** days

To save time, and receive an email confirmation, please submit your appeals online here:

<https://provider.molinahealthcare.com>

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

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

**** 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. ****

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at (855) 882-3901 and destroy the original documents. Thank you.