

## **MHC Claims Services**

## **Claims Job Aid**

✓ Contact Claims Customer Service for individual claim issues at:

(800) 526-8196 extension 129515

✓ Submit all Medi-Cal and *contracted* Medicare claims projects to:

MHC SpecialProjects@molinahealthcare.com or Right Fax (562) 499-0603

Include the following data elements:

- Claim number
- Date of Service
- Member name
- Member ID
- Billed amount
- Paid amount (if any)
- Comments/reason for project
- ✓ Contact your Provider Services Representative
- ✓ File a formal Provider Dispute to:

Medi-Cal: Medicare:

Molina Healthcare of California Molina Healthcare of California

P.O. Box 22722 P.O. Box 22817

Long Beach, CA 90801 Long Beach, CA 90801

**Attn: Provider Dispute Resolution Unit** Attn: Provider Appeals

For any assistance with the process:

James Loopeker, Manager, Claims Services

(562) 491-7069