Provider Dispute/Appeal Form

Please submit your request by visiting our Provider Portal at https://www.availity.com/molinahealthcare
All fields must be completed to successfully process your request. Disputes/appeals received with a missing or incomplete form will not be processed and returned to sender. Please attach all pertinent documentation to this form.

Additional submission methods:

- Fax: (877) 553-6504
- E-mail: MFL_ProviderAppeals@Molinahealthcare.com
- Mail: Molina Healthcare of Florida, Attn: Appeal and Grievance Unit, PO BOX 36030, Louisville KY 40233-6030

Claims Denied for Missing Documentation

Claims denied for missing or additional documentation requirements such as consent forms, invoices, explanation of benefits from primary carrier, or itemized bills are not considered claim disputes. To process your claim appropriately and promptly, these documents, along with the claim, must be received within Federal and State timely filing requirements and/or your Provider Services Agreement. Please mail the documentation with the claim to:

Molina Healthcare of FL
P.O. BOX 22812
Long Beach, CA 90801

Provider/Group Name:	NPI:
Contact Person:	Contact Phone #
Member Name:	Member ID:
Member DOB:	
Line of Business: ☐ MMA (Medicaid) ☐ Marketplace ☐ Medicare	
Molina Original Claim ID:	
Original Claim Billed Amount:	
Date of Service:	

Denial Reason	
☐Untimely claim filing (Proof of timely filing must be included)	
☐Benefit Limitation Exceeded*	☐Underpayment/Overpayment
☐Authorization Issue/Medically Necessary*	☐Other
Comments:	

*Medical Records are required