



Claim Dispute Request Form

Date: _____ / _____ / _____

- ... Please submit the request by visiting our **Provider Portal**, or fax to (248) 925-1768.
- ... Attach all required supporting documentation.
- ... Incomplete forms will not be processed. Forms will be returned to the submitter.
- ... Please refer to the Molina Provider Manual for timeframes and more information.
- ... Appeals related to Authorizations should be submitted with a letter and medical records.

Corrected Claims

Please send corrected claims as a normal claim submission electronically or via the **Provider Portal**. Do not use this form for claims denied for no Champs enrollment. Submit corrected claim electronically or via the **Provider Portal**.

Multiple Claims

If multiple claims with the same denial require dispute, attach an Excel sheet.

Note: Multiple claims must be from the same rendering provider and for same claim denial reason.

Provider Information			
Contact Person		Contact Phone #	
Provider/Group Name			
Provider NPI		Provider Tax ID	
Provider Phone #		Provider Fax #	

Member Information			
Member Name		Member Account #	
Member Date of Birth		Molina Member ID	

Claim Information					
Line of Business	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Marketplace	<input type="checkbox"/> Medicare	<input type="checkbox"/> MMP	<input type="checkbox"/> LTSS
Claim Information	<input type="checkbox"/> Single Claim		<input type="checkbox"/> Multiple Claims		
Molina Claim ID					
Claim Amount Billed					
Dates of Service					

Denial Reason (Mark all applicable)	
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Coordination of Benefits (COB)
<input type="checkbox"/> Code Edit Denials (Supporting documentation required)	<input type="checkbox"/> Missing/Incorrect NDC
<input type="checkbox"/> Overpayment/Underpayment	<input type="checkbox"/> Duplicate Service
<input type="checkbox"/> Exceeded timely filing limit	<input type="checkbox"/> Processed under incorrect Provider/Tax ID
<input type="checkbox"/> Approved Authorization now on file	<input type="checkbox"/> Other (Please explain)

Additional Information:

