



## **Provider Claims Reconsiderations and Appeals – Electronic Submissions**

Molina Healthcare of Texas offers several electronic submission options for Claims Reconsiderations requests and Claims Appeals.

To ensure timely review of reconsideration requests, please be sure you are completing the Claim Reconsideration/Adjustment form. For Claims Appeals, please complete the Provider Complaint/Appeal Request form. Both forms can be found at [MolinaHealthcare.com](https://MolinaHealthcare.com), under the Provider Forms section.

Completed forms can be submitted electronically via:

- Fax: (877) 319-6852
- Email: [MolinaTXProviderAppeals/Complaints@MolinaHealthcare.com](mailto:MolinaTXProviderAppeals/Complaints@MolinaHealthcare.com)

Claims Appeals can also be submitted 24 hours a day, 7 days a week via the Molina Provider Portal at <https://provider.molinahealthcare.com/>.

If you have questions about electronically submitting Claims Reconsiderations/Appeals or any other questions regarding the claims process, contact your Provider Service Representative.