Provider Claim Dispute Form Instructions

Please read the following information carefully to ensure a timely and thorough dispute review.
A detailed description of the dispute and supporting documentation is required. Include the authorization number if an authorization is associated with the dispute.

DISPUTES WITH NO AUTHORIZATION

Claim disputes related to no authorization will only be considered in the following circumstances:

- □ The eligibility of the member was in a pending status at the time of service.
- □ The member's eligibility was updated retroactively.
- □ The provider and/or member was unaware that the member was eligible for services at the time that services were rendered.
- □ A catastrophic event occurred that substantially interfered with the normal business operations of a provider.

Be sure to include (as applicable) chart notes, operative reports, office visit notes, billing statement, manufacturer invoice, inpatient progress notes or other documentation that supports the circumstances listed above.

DISPUTES WITH AN APPROVED AUTHORIZATION

Claims disputes with an approved authorization will be considered if a detailed description of the issue is provided. Discrepancies related to diagnosis code, procedure/modifier code, place of service, number of units and dates of service will be considered.

SUBMISSION

Submit the completed form and attachments to:

Commercial Provider Disputes
PO Box 9040
Farmington, MO 63640-9040

QUESTIONS

For assistance or questions about the dispute process, contact Health Net Monday through Friday 7:30am to 5pm at (888) 802-7001.

Provider Claim Dispute Form

PROVIDER INFORMATION

Provider Name: _____ Today's Date: _____

Provider Number (NPI or TIN): _____ Contact Phone: _____

CLAIM INFORMATION

Member Name: _____ Member ID: _____

Claim Number(s): _____

Date(s) of Service: _____

Service(s) Denied: _____

REASON FOR DISPUTE

Is there an authorization associated with this claim?

☐ Yes. Authorization # _____

☐ No.

There is an issue with:

☐ Diagnosis code
☐ Place of service
☐ Billed / allowed amount
☐ Number of units
☐ Dates of service
☐ Procedure code / modifier
☐ Timely Filing

No authorization was obtained because:

☐ No authorization was required
☐ Member eligibility issue
☐ Catastrophic event
☐ Authorization was attempted

Detailed Description of Dispute: [See instructions for supporting documentation requirements]

_____

_____

_____

_____

_____

_____

_____

_____

Health Net Health Plan of Oregon, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.