



PROVIDER CLAIM DISPUTE FORM

Use this form as part of the Ambetter from Buckeye Community Health Plan Claim Dispute process to dispute the decision made during the request for reconsideration process.

Note: Prior to submitting a Claim Dispute, the provider must first submit a “Request for Reconsideration”. The Claim Dispute must be submitted within **180 days of the date on the determination letter or Explanation of Payment (EOP) from your original request for reconsideration.**

All fields in the box immediately below are required information

Provider Name	Provider Tax ID #
Control/Claim Number	Date(s) of Service
Member Name	Member (RID) Number

Reason for Dispute (please check):

- Claim was denied for no authorization, but authorization # _____ was obtained
- Claim was denied for no authorization, but no authorization is required for this service
- Claim was denied for untimely filing in error (proof of timely filing should be attached)
- Claim was paid to the wrong provider
- Claim was paid for the incorrect amount
- Other (please explain below): _____

Date of Request: _____

Requestor Name: _____

Requestor Phone Number: _____

Note: If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim following “Corrected Claim” process in the Provider Manual. Please do not include this form with a corrected claim.

Mail completed form(s) and attachments to:

**Ambetter from Buckeye Community Health Plan
PO Box 5000
Farmington, MO 63640-5000**

Attach a copy of the EOP(s) with Claim(s) to be adjudicated clearly circled along with the response to your original request for reconsideration.

Important Notice: Ambetter from Buckeye will make reasonable efforts to resolve this request within 45 days of the notification of the claim’s defect. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you an EOP or letter to that effect.

(This form may be photocopied)