



Overpayment Dispute Form

FOR ELECTRONIC SUBMISSION: Go to our provider portal to dispute any over payments or recoupments at provider.MolinaHealthcare.com. By doing so, there is nothing you need to do with this form. Please Note: Overpayment Disputes should be received within 90 days of overpayment notification letter date.

Provider Information: _____

Today's Date: _____

Provider Name

Provider Tax ID Number (TIN)

Person Requesting Overpayment Dispute

Signature

Claim Number	Overpayment Amount	Dispute Reason

Comments: _____

Completed by MHI Staff: _____

Date Completed: _____

The Claims Recovery department manages recovery for Overpayment and incorrect payment of Claims. If you cannot submit electronically, you may fill out this form and **fax to 7125603821**.

