MHIL Claims Dispute Request Form

Today's Date:_____/_____/_____

- Requests **must** be received within 90 days of date of original remittance advice. Please allow 30 days to process requests.
- Please submit this completed form and any supporting documentation to **Molina Healthcare of Illinois**.
- Documentation and proof to support your request is **required**. Incomplete or mailed forms will **not** be processed.
- Please refer to the Molina Provider Manual for time frames and additional information.
- You are **strongly encouraged** to submit via the Availity Essentials provider portal: **provider.molinahealthcare.com**.
- As a secondary option, you may fax this completed form to **(855) 502-4962**.
- **This form is not for corrected claims.**
- Please send corrected claims as a normal claim submission electronically or via the Provider Portal.

PROVIDER INFORMATION				
Contact Person's Name			Contact's Phone:	( ) -
Provider Group Name				
Provider Name (First and Last)				
Provider NPI			Provider TIN:	
Provider Phone	( ) -	☐ Par / ☐ Non-Par	Provider Fax:	( ) -

☐ **By checking this box, I acknowledge that the fax number provided is HIPAA compliant and can receive the dispute resolution outcome.**

PATIENT/MEMBER INFORMATION			
Member Last Name			
Member First Name			
Member Dates of Service			
Member Date of Birth	/ /	Molina Member ID	

CLAIM INFORMATION				
Line of Business (check one)	☐ Medicaid	☐ MMP/Duals	☐ Medicare	☐ Marketplace
Claim Information (services)				
Claim Number (one per form)				
Original Claim Amount Billed				
Date(s) of Service: From	/ /	Date(s) of Service: To	/ /	

APPLICABLE REASON (Mark all applicable and attach supporting documentation)	
☐ Service Is Not a Duplicate	☐ Coordination of Benefits (COB) Related
☐ Processed Under Incorrect Provider/Tax ID	☐ Processed Under Incorrect Member ID
☐ Payments: Over/ Underpayments: $	☐ National Correct Coding Initiative (NCCI) Edit
☐ Timely Filing Limit	☐ Eligibility Issue
☐ Authorization, PA Now On File	☐ Retrospective Medical Review
☐ Other (Please explain):	☐ Coding / Bundling Edits

Additional Information:

Resolution (**Molina use only**):