

Provider Claim Dispute Form

Mail this form, a listing of claims (if applicable) and supporting documentation to:

AmeriHealth Caritas District of Columbia
Attn: Claim Disputes, P.O. Box 7445
London, KY 40742

A dispute is defined as a request from a health care provider to change a decision made by AmeriHealth Caritas District of Columbia related to a claim payment. A provider dispute is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

First Level Dispute Second Level Dispute (only applicable to Federally Qualified Health Centers)

Submitter/Contact Information:	
Name (Last, First):	Phone Number:
Provider information	
Name (Last, First):	Phone Number:
Provider Address:	City, State ZIP:
NPI Number:	Tax ID:
Date:	<input type="checkbox"/> I am a participating provider <input type="checkbox"/> I am not a participating provider
Enrollee Information:	
Name (Last, First):	Enrollee Date of Birth:
Enrollee ID:	
Claim Information:	
Claim Number:	Billed Amount: \$
Date(s) of Services:	

To ensure timely and accurate processing of your request, please complete the Payment Dispute section below by checking the applicable reason for your dispute.

- | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Inaccurate payment | <input type="checkbox"/> Denied for no authorization (service does not require authorization) |
| <input type="checkbox"/> Post-service authorization denial Denied as a duplicate | <input type="checkbox"/> Denied for no authorization (auth. # _____ on file) |
| <input type="checkbox"/> Clinical edit limitation or denial | <input type="checkbox"/> Untimely filing (proof of timely filing attached) |
| <input type="checkbox"/> Denied for no primary payer EOB (EOB attached) | |
| <input type="checkbox"/> Other: | |

If you have questions while you await a response, please contact the Provider Service Department at **1-888-369-0247**.

Additional Information: