

PROVIDER CLAIM DISPUTE FORM

Prior to submitting a Claim Dispute, please attempt to resolve the issue through a resubmission (if the claim has edits or new information), or by contacting the Provider Services Department at 1-866-475-3129. NOTE: If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim as a resubmission **do not** include this form with a corrected (resubmitted) claim.

Claim Disputes must be filed in writing and received within twelve months after the date of service, within twelve months after the date that eligibility is posted or within sixty days after the date of the denial of a timely claim submission, whichever is later.

Date of Request: _____ Requestor Name: _____

Requestor Phone Number: _____

Address (dispute correspondence to be sent): _____

All fields in the box immediately below are required information

Provider Name	Provider ID #
Control/Claim Number (<i>Located on EOP Under Patient Name</i>)	Date(s) of Service
Member Name	Member ID Number

Reason for Claim Dispute (please check all that apply):

- 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 wrong provider
- Claim was paid for incorrect amount- amount requested \$ _____
- Other (please explain below)

ATTACH: A copy of the EOP(s) with Claim(s) and records (if applicable to dispute) to be adjusted clearly circled along with the response to claim dispute.

Mail completed form(s) and attachments to:

Claim Disputes
Bridgeway Health Solutions
1501 W. Fountainhead Parkway
Suite 295
Tempe, AZ 85282

Claim disputes will be acknowledged within five (5) business days of receipt. Bridgeway will mail a written Notice of Decision of the claim no later than 30 days after the claim dispute is filed. If an extension is necessary, Bridgeway will issue written notification of the extension and anticipated resolution date.

(This form may be photocopied)