

P.O. Box 56-5790 • Miami, Florida 33256-5970 • Telephone (866) 725.9334 • Fax (866) 725.9337

**Preferred Care Partners Claim Payment Dispute Request Form  
for Non-Contracted Providers**

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted Medicare providers may file a payment dispute regarding a Medicare Advantage plan payment determination if the provider disagrees with the amount paid, including issues related to bundling of services. To dispute a claim payment, providers must submit a written request within 120 calendar days of the remittance notification date. **This form should not be used for appeals.** Non-contracted provider Medicare claim appeals must be handled through the proper appeals process. Refer to the process outlined in your Explanation of Payment (EOP).

**Instructions:** This form is to be completed by **non-contracted Medicare** physicians, hospitals or other health care professionals to request a review of a claim payment dispute for members enrolled in Preferred Care Partners. Providers who are contracted with Preferred Care Partners should refer to their Provider Manual for information about resolving disputes.

**Please send all Claim Payment Dispute requests to:**

**Preferred Care Partners  
Claims Department  
P. O. Box 56-5790  
Miami, FL 33256-5790**

**No new claims should be submitted with this form. Please submit a separate form for each claim.**

Physician       Hospital       Other healthcare professional (Lab, DME, etc.)

Member ID	Member Name
Claim Number	Date of Service
Provider/Facility Name	Street Address
Contact Person	Phone Number

Date Form Completed: \_\_\_\_\_

**Physician/health care professional information**

Provider Name (as listed on EOP): \_\_\_\_\_

**Reason for request:**

- Bundling Issues
- Disputed rate of payment
- DRG payment disputes
- Other (Please explain below in Comments section)

**Required attachments:**

- A statement indicating factual or legal basis for the dispute
- A copy of the original claim
- A copy of the provider remittance notice showing the claim payment
- Any additional information, clinical records or documentation to support the dispute

Please include what you are expecting from Preferred Care Partners to close Preferred Care Partners' portion of this claim in your practice management system, including dollar amount if possible.

**Comments:**

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**Review Process and Timeframes**

Preferred Care Partners has 30 calendar days to review and respond to payment disputes. If you do not receive a response within this timeframe, or if, after completing the Preferred Care Partners provider dispute resolution process, you believe that we have reached an incorrect decision regarding your payment dispute, you have the right to request an independent decision from the Centers for Medicare and Medicaid Services (CMS) Payment Dispute Resolution Contractor, C2C Solutions, Inc. (C2C). You have 180 days from the Preferred Care Partners' redetermination of the unfavorable dispute outcome to submit to C2C. C2C can receive payment dispute decision requests via the following media:

- Email. If the submission and associated documents do not contain any protected health information (PHI), or all PHI has been redacted, the payment dispute decision request can be submitted to a dedicated email box at [PDRC@C2Cinc.com](mailto:PDRC@C2Cinc.com). Otherwise, you may submit payment dispute decision requests (including associated documents such as claims forms that may contain PHI) via the methods outlined below:

- Fax. Fax electronic payment dispute decisions to 904-361-0551.

- Mail. Providers can mail hard copy requests for payment dispute reconsideration to the following address:

C2C Solutions, Inc.  
Payment Disputes Resolution Contractor  
P.O. Box 44017  
Jacksonville, Florida 32231-4017

**Note:** If the submission and associated documents contain any protected health information (PHI) or any PHI has not been redacted, the payment dispute decision request can only be submitted via fax or mail.

Before submitting a request to C2C, please visit their website: [C2Cinc.com](http://C2Cinc.com) > Home Page > QIC PDRC for additional information. C2C will take approximately 180 calendar days to review and respond to payment disputes.