Request for Claim Review Policy and Instructions Form

PLEASE DO NOT use this form to:

1. **SUBMIT CORRECTED CLAIM.** (i.e., original claim rejected for invalid ICD-10 or CPT code). Use "corrected claim" with correct code to the Health Plan's claims processing center.
2. **REQUEST AUTHORIZATION APPROVAL OR HOSPITAL STATUS CHANGES.** Those forms are located on our Forms page of our website, in the Utilization Management section.

Providers may request a review of a paid or denied claim once the original claim determination has been made. A request for claim review should only be made when you have reason to believe that your claim was processed incorrectly, or when you have additional information to provide regarding your claim that would support your request for reconsideration. To file this "Request for Claim Review" form, please know the following.

- Requests are required to be filed within 6 months of the date of the original remittance. Requests for review filed any later will be returned without consideration.
- A separate Request for Claim Review form must be completed for each member and claim number.
- Complete the Request for Claim Review form in its entirety. Incomplete requests will be returned without being reviewed.
- All Requests for Claim Review and their accompanying documentation must be legible.
- Requests are filed following the "Request for Claim Review" process outlined in our Provider Manual (Section 6). Only the "Request for Claim Review" form can be used and can be found at MediGold.com.
- Fax your completed requests to the Health Plan's at 1-833-263-4871. Be sure to include appropriate documentation, including rationale and justification for your request and any applicable office notes, operative notes, or consult requests/reports.

MediGold must receive the written request within 180 days of the organization's unfavorable "ClaimReview" decision. Providers with questions regarding the adjudication process or individual disputes being reviewed can contact the MediGold Provider Call Center at 1-800-991-9907.

NOTE: If you have questions regarding a remark code on your remit; feel you need to submit a corrected claim; or have additional information to provide relating to your claim, please contact our Provider Call Center at 1-800- 991-9907 for assistance. We can address those matters over the phone without your having to file an Appeal. If you do decide to file an appeal, or have questions about our Appeal Process, please contact our Appeal and Grievance Coordinator at 1-833-976-0037 or 1-888-898-6129.

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All requests for claim review must be filed within 180 days of the date of the original remittance notice.

Submit completed form via fax to MediGold Claims at 1-833-263-4871.

General Information

Member's Name	**Member's ID**
Date of Service	**Claim Number**
Provider's Name	
Provider's TIN Number	**Provider's NPI Number**
Provider's Phone Number	**Provider's Fax Number**

Reason for Request:

Submitted By:	**Date:**

FOR PLAN USE ONLY

Comments/Explanation:

Completed By:	**Date:**