

A dispute is a request from a health care provider to change a decision made by AmeriHealth Caritas VIP Care related to claim payment or denial for services already provided. A provider dispute is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

A provider may dispute the claim within **180 days** from the date of the denial or payment.

| Submitter contact information |                     |
|-------------------------------|---------------------|
| Name (last, first): _____     | Phone number: _____ |

| Provider information                                 |  |
|--|--|
| Name (last, first): _____                            | Phone number: _____                                      |
| NPI number: _____                                    | Tax ID: _____  |
| <input type="checkbox"/> I am an in-network provider | <input type="checkbox"/> I am an out-of-network provider |

| Member information        |                             |
|---------------------------|-----------------------------|
| Name (last, first): _____ | Member date of birth: _____ |
| Member ID: _____          |                             |

| Claim information        |                         |
|--------------------------|-------------------------|
| Claim number: _____      | Billed amount: \$ _____ |
| Dates of services: _____ |                         |

## Provider Claim Dispute Form

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

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

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

**Fax:**

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Please use the fax number listed below that corresponds to the state where the AmeriHealth Caritas VIP Care plan operates</b> |                       |                       |                       |                       |                       |
| Delaware   | Florida               | Louisiana             | Michigan              | North Carolina        | Pennsylvania          |
| <b>1-888-687-0173</b>  | <b>1-888-687-0174</b> | <b>1-855-235-4891</b> | <b>1-888-599-0069</b> | <b>1-844-399-0479</b> | <b>1-888-599-1476</b> |

**Mail:**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Please use the address listed below that corresponds to the state where the AmeriHealth Caritas VIP Care plan operates</b> |  |  |  |  |  |
| Delaware  | Florida  | Louisiana  | Michigan   | North Carolina                                     | Pennsylvania                                       |
| AmeriHealth Caritas VIP Care Claim Disputes   |  |  |  |  |  |
| <b>P.O. Box 7125<br/>London, KY<br/>40742-7125</b>  | <b>P.O. Box 7155<br/>London, KY<br/>40742-7155</b> | <b>P.O. Box 7437<br/>London, KY<br/>40742-7437</b> | <b>P.O. Box 7074<br/>London, KY<br/>40742-7074</b> | <b>P.O. Box 7436<br/>London, KY<br/>40742-7436</b> | <b>P.O. Box 7143<br/>London, KY<br/>40742-7143</b> |

**Important note:** A telephone inquiry regarding payment or denial of a claim does not constitute dispute of the claim.

