



Washington Provider Dispute Resolution Request Form

Provider Appeal Fax Numbers Medicaid and Marketplace: (877) 814-0342 Medicare: (562) 499-0610	
Number of pages (including this sheet): <input type="checkbox"/> First level Appeal <input type="checkbox"/> Second level Appeal	<input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace <input type="checkbox"/> Medicare Par <input type="checkbox"/> Medicare Non-Par

General Information

Claim Number(s):	Date of Service:
Authorization #:	Billed Amount:
CPT/HCPC/Revenue Code:	
Member Name:	Member ID:
Provider Name:	
Contact Name:	Contact e-mail:
Contact Phone Number:	Contact Fax Number:

Type of Dispute

<input type="checkbox"/> Correct Coding <input type="checkbox"/> Duplicate <input type="checkbox"/> Denied Authorization <input type="checkbox"/> Underpaid/Overpaid <input type="checkbox"/> Timely Filing <input type="checkbox"/> COB <input type="checkbox"/> Eligibility <input type="checkbox"/> Invalid NDC <input type="checkbox"/> Other <input type="checkbox"/> No Prior Authorization – Select applicable extenuating circumstance below:
--

Reason for Dispute:
--

- Please return the completed form and submit all pertinent clinical documentation such as chart notes, lab results etc. Claim reconsiderations submitted without proper supporting documentation will be returned.
- Provider appeals may also be submitted electronically through the Availity Essentials portal availability.com/molinahealthcare.

CONFIDENTIALITY NOTICE: This communication, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this communication is prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately via telephone and destroy the original information.