

Section 2: Claim/ Authorization Information

Claim number*	Billed Charges (\$)	
Date of service*	Authorization number*	
Date of denial	TIN	NPI

*These fields are mandatory and if not completed or accurate the information will be returned as unable to process. If you receive an unable to process any resubmissions will need to be done within the noted appeal/dispute timely filing deadlines at the top of the form.

To ensure timely and accurate processing of your request, please complete the Payment Dispute section below by checking the applicable determination provided to you on either the Molina Healthcare Denial Notice or Explanation of Payment (EOP) and provide details in the other/ comments field.

Section 3: Payment Dispute

Clinical Appeals Only	Claim Payment Dispute
<input type="checkbox"/> Medical Necessity	<input type="checkbox"/> Code Edits (supporting documentation required)
<input type="checkbox"/> Inpatient vs. Observation	<input type="checkbox"/> Incorrect Provider/ tax ID –NPI
<input type="checkbox"/> Not Prior Authorized	<input type="checkbox"/> Coordination of Benefits (COB)
<input type="checkbox"/> Benefits Exhausted	<input type="checkbox"/> Overpayment/Underpayment
<input type="checkbox"/> Out of Network	<input type="checkbox"/> Missing/Incorrect NDC/Invoice
<input type="checkbox"/> Not a Covered Benefit	<input type="checkbox"/> Untimely/ Timely Filing (proof of timely filing must be included)
<input type="checkbox"/> Claim Not Billed as Authorized	<input type="checkbox"/> Non-Covered Codes
<input type="checkbox"/> Exceeds Authorization	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Other/ Comments:	

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