

Claim Appeal Request Form (Non-Par Providers)

Date: ____/____/____

- ✓ Please submit the request by visiting our **Provider Portal**, or fax to (562) 499-0610.
- ✓ Attach all required supporting documentation.
- ✓ Incomplete forms will not be processed. Forms will be returned to the submitter.
- ✓ Please refer to the Molina Provider Manual for timeframes and more information.
- ✓ Appeals related to Authorizations should be submitted with a letter and medical records.

Corrected Claims

Please send corrected claims as a normal claim submission electronically or via the **Provider Portal**. Do not use this form for claims denied for no Champs enrollment. Submit corrected claim electronically or via the **Provider Portal**.

Multiple Claims

If multiple claims with the same denial require dispute, attach an Excel sheet.

Note: Multiple claims must be from the same rendering provider and for same claim denial reason.

Provider Information			
Contact Person		Contact Phone #	
Provider/Group Name			
Provider NPI		Provider Tax ID	
Provider Phone #		Provider Fax #	

Member Information			
Member Name		Member Account#	
Member Date of Birth		Molina Member ID	

Claim Information

Claim Information	
Line of Business	<input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace <input type="checkbox"/> Medicare <input type="checkbox"/> MMP <input type="checkbox"/> LTSS
Claim Information	<input type="checkbox"/> Single Claim <input type="checkbox"/> Multiple Claims
Molina Claim ID	
Claim Amount Billed	
Dates of Service	

Denial Reason (Mark all applicable)

<input type="checkbox"/> Eligibility	<input type="checkbox"/> Coordination of Benefits (COB)
<input type="checkbox"/> Code Edit Denials (Supporting documentation required)	<input type="checkbox"/> Missing/Incorrect NDC
<input type="checkbox"/> Overpayment/Underpayment	<input type="checkbox"/> Duplicate Service
<input type="checkbox"/> Exceeded timely filing limit	<input type="checkbox"/> Processed under incorrect Provider/Tax ID
<input type="checkbox"/> Approved Authorization now on file	<input type="checkbox"/> Other (Please explain)

Additional Information: