PASSPORT
ADVANTAGE (HMO SNP)

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Claim Dispute Request Form

</div>

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	

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Claim Information

Line of Business	☐ Mediceid	☐ Marketplace	☐ Medicare	☐ MMP	☐ LTSS
Claim Information	☐ Single Claim		☐ Multiple Claims		
Molina Claim ID					
Claim Amount Billed					
Dates of Service					

Denial Reason (Mark all applicable)

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

Additional Information: