PASSPORT BY MOLINA HEALTHCARE

Provider External Independent Third-Party Review Request Form

- All fields must be completed to successfully process your request.
- External independent third-party review requests with a missing or incomplete form may result in an invalid request.
- Please attach all pertinent documentation to this form that clearly states each specific issue and dispute you have with our decision and the reason you believe the decision is wrong.
- Please ensure an internal appeal has been exhausted before submitting an external independent third-party review request. Failure to do so may result in an invalid or withdrawn request.

Submission Methods:

- Email: ReviewRequests@passporthealthplan.com
- Fax: (502) 585-8334
- Mail: Passport by Molina Healthcare
- Attention: External Independent Third-Party Review Request
  PO Box 36030
  Louisville, KY 40233

Note: One form per member, per claim.

Date:	Number of pages:
Provider Information	
Provider/Group Name:	NPI:
Contact Person:	Email:
Phone:	Mailing Address:
Fax:	
Check One: ☐ Provider on behalf of self	☐ Third-party billing service on behalf of provider (provide name below)
Name of billing service:	
Member Information	
Member Name:	Member ID:
Date of Birth:	
Claim Information	
Claim ID:	Date of Service:
Denial Reason	
☐ Untimely Claim Filing (proof of timely filing must be included)	☐ Coding ☐ Authorization
☐ Other:	☐ Frequency ☐ Payment Dispute

PASSPORT
BY MOLINA HEALTHCARE

Additional Comments
Explain what you are disagreeing with and why you feel the determination is believed to be erroneous. Include and/or attach any additional information that would help the external review process.