

Date: __/__/____

- Please submit the request by:
 - Preferred method: via the <u>Availity Essentials Portal</u>
 - o Fax to:
 - Medicaid, Marketplace, and MyCare Ohio Medicaid Plan Post Claim: (800) 499-3406
 - MyCare Ohio Medicare-Medicaid Plan Post Claim: (562) 499-0610
 - Molina Medicare D-SNP Post Claim: (562) 499-0610
 - Cost Recovery: (888) 396-1517
 - Verbal disputes can be filed for the Medicaid line of business by calling the Provider Services Contact Center: (855) 322-4079
- 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.
- Authorization Appeals (Authorization Reconsiderations) or Clinical Claim Disputes should be submitted on the <u>Authorization</u> <u>Reconsideration Form</u>.

Corrected Claims: Please send corrected claims as a normal claim submission electronically or via the Availity Essentials Portal.

• Reminder: This includes attachments for coordination of benefits (COB) or itemized statements.

Multiple Claims: If multiple claims with the same denial require a dispute, attach an Excel spreadsheet.

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

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

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

Claim Information						
Line of Business	Medicaid	Marketplace	Medicare		🗆 LTSS	
Claim Information	🗌 Single Claim		🗌 Multiple Clain	ns		
Molina Original Claim ID						
Original Claim Amount Billed						
Dates of Service						

Denial Reason (Mark all applicable)				
Duplicate Service	Coordination of Benefits (COB)			
Processed under incorrect Provider/Tax ID	Processed under incorrect member			
Overpayment/Underpayment	National Correct Coding Initiative (NCCI) Edit			
Exceeded timely filing limit	🗆 Eligibility			
Missing/Incorrect NDC	Other (Please explain)			
Missing/Incorrect NDC	🗆 Other (Please explain)			

Additional Information: