PROVIDER DISPUTE RESOLUTION REQUEST

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Multiple "LIKE" claims are for the same provider and dispute but different members and dates of service.
- For routine follow-up please use EzNet or call for status, instead of the Provider Dispute Resolution Form.
- Mail the completed form, along with any required supporting documentation to:

Arizona Priority Care
585 N Juniper Dr, Ste 200
Chandler, AZ 85226

PRODUCT TYPE: ☐ COMMERCIAL ☐ MEDICARE

*Provider NPI:	*Provider Tax ID:
*Provider Name:	Contracted: ☐ Yes ☐ No
*Provider Address:	

PROVIDER TYPE:
☐ MD / DO ☐ Hospital ☐ DME ☐ Ambulance
☐ Mental Health Professional ☐ ASC ☐ Rehab ☐ Other *(please specify type of "Other")*:____________________
☐ Mental Health Institutional ☐ SNF ☐ Home Health

CLAIM INFORMATION: ☐ Single ☐ Multiple "LIKE" Claims *(complete attached spreadsheet)* Number of Claims:__________________

*Patient Name:		Date of Birth: ____________________
*Health Plan ID Number	Patient Account Number:	Original Claim ID Number: *(Multiple Claims, use attached spreadsheet)*
Service "From/To" Date: *(*Required for Claim, Billing, and Reimbursement of Overpayment Disputes)*	Original Claim Amount Billed:	Original Amount Paid:

DISPUTE TYPE:
☐ Claim
☐ Appeal of Medical Necessity / Utilization Management Decision
☐ Disputing Request for Reimbursement of Overpayment
☐ Downcoding/Payment *(Medicare Advantage Only)*
☐ Seeking Restitution of a Billing Determination
☐ Contract Dispute
☐ Other ____

*DESCRIPTION OF DISPUTE:

EXPECTED OUTCOME:

Contact Name:	Title:
Signature:	Date:
Phone #:	Fax #:

☐ Mark here if additional information is attached *(please do not staple)*

For Health Plan/RBO Only

Tracking Number: ______________ Provider ID#: _______________

Contracted: ________ Non-Contracted: ________