MOLINA HEALTHCARE
Your Extended Family.

PROVIDER DISPUTE RESOLUTION REQUEST

NOTE: SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT NOT TO BILL THE PATIENT

Please complete the below form. Fields with an asterisk (*) are required. Incomplete form will not be processed. Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME. Provide additional information to support the description of the dispute.

How to submit Provider Disputes and Appeals

1. **Molina's Provider Portal (https://provider.molinahealthcare.com)**
   - Most preferred and efficient method to submit a dispute/appeal is through Molina's Provider Portal.
   - Providers can search and locate the adjudicated claim on the Molina Portal and submit a dispute/appeal.
   - Portal submission does not require this form (Provider Dispute Resolution Request form).

2. Fax **562-499-0633**
   - Faxing a dispute/appeal requires completion of this form (Provider Dispute Resolution Request form). Incomplete form will not be processed.
   - Must include provider's fax number to receive the resolution of the dispute via fax.
   - Must include applicable supporting documents to justify a dispute/appeal, if applicable.

***PROVIDER NAME:**	***PROVIDER TAX ID # / Medicare ID #:**
***PROVIDER FAX** (fax number to receive the acknowledgment and resolution of the dispute):	***Provider NPI**
***Contact Person Name:**	***Phone Number:**

***Line of Business:** ☐ Medi-Cal ☐ Marketplace ☐ Medicare

*** CLAIM INFORMATION**
- ☐ Single claim
- ☐ Multiple "**LIKE**" Claims – Multiple Like ***must be same rendering provider and same claim issue*** (complete attached spreadsheet) *Number of claims*

*** Patient Name:**		***Patient Date of Birth:**
*** Molina Member ID:**	**Patient Account Number:**	***Molina Issued Original Claim ID** (if multiple claims, attach a spreadsheet)
***Service "From/To" Date:**	**Original Claim Amount Billed:**	**Original Claim Amount Paid:**
***Description of Dispute**		
Expected Outcome		

☐ **CHECK HERE IF ADDITIONAL INFORMATION OR PAGES ARE INCLUDED WITH THIS FORM**