Claim Reconsideration Request Form
(Non-Clinical Claim Dispute)

Date: __/__/____

- Please submit the request by:
  - Preferred method: via the Availity Essentials Portal
  - 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 Authorization Reconsideration Form.

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	☐ MMP	☐ LTSS
Claim Information	☐ Single Claim		☐ Multiple Claims		
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)**

Additional Information: