



# Johns Hopkins Advantage MD Participating Provider Post-Service Payment Dispute Submission Form

This form should be completed by Johns Hopkins Advantage MD participating providers for post-service payment disputes. Please submit one form for each payment dispute. Send this form with a letter explaining your reason for dispute, supporting documentation, and medical records, if clinical review is requested, to: **Johns Hopkins Advantage MD Payment Disputes, P.O. Box 3537, Scranton, PA 18505. Phone PPO: 877-293-5325, HMO: 877-293-4998; TTY users may call 711. FAX 855-206-9206.**

**Payment disputes must be submitted within 90 business days of notification of denial/EOP.**

Date of Submission: \_\_\_\_\_

Provider/Appellant Information	
Provider/Facility Name:	
NPI #:	Tax ID:
Telephone:	Fax:
Member (Patient) Information	
First Name:	Last Name:
ID #:	Date of Birth:
Service Provided	
Date(s) of Service:	Claim (s) #: * If multiple claims, attach all claim numbers
	Total Number of Claims:
	Total Amount Billed:
Authorization # (if applicable):	
Claims Dispute Reason (Please check all that apply)	Clinical Dispute Reason (Please check all that apply)
<input type="checkbox"/> Overpaid/Underpaid Per Contracted Rate <input type="checkbox"/> Denial for Claim Edits <input type="checkbox"/> Rejected for Untimely Filing of a Claim (attach proof of timely filing within 180 days of DOS) <input type="checkbox"/> Denial for Coordination of Benefits (EOB of primary carrier required) <input type="checkbox"/> Itemized Bill Requested <input type="checkbox"/> Invoice Attached <input type="checkbox"/> Denial of Procedure Code <input type="checkbox"/> Other, use notes below	<input type="checkbox"/> Clinical Review for Medical Necessity <input type="checkbox"/> Administrative Denial (Must include documentation of extenuating circumstances to be reviewed)

Notes:

**For more detailed information on payment dispute processes and policies please reference your JH Advantage MD Provider Manual and Provider Participation Agreement.**