



Provider Claims/Payment Disputes and Correspondence Submission Form

FOR EHP PRIORITY PARTNERS AND USFHP PARTICIPATING PROVIDERS USE ONLY

This form is for participating providers for claim/payment disputes and claim correspondence only. Please submit one form for each claim/payment dispute reason.

Note: This form is not to be used for clinical appeal requests—it is for payment disputes only.

Date of Submission: _____

Please select Health Plan	
<input type="checkbox"/> EHP <input type="checkbox"/> PPMCO <input type="checkbox"/> USFHP	
Provider /Appellant Information	
Provider/Facility Name:	
NPI #:	Tax ID #:
Phone #:	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:
Claims Disputes Reason	
<input type="checkbox"/> Corrected Claim <input type="checkbox"/> Duplicate Claim (need proof of non-duplication) <input type="checkbox"/> Rejected Untimely Filing of a Claim (attach proof of timely filing) <input type="checkbox"/> Itemized Bill Requested (please attach itemized bill) <input type="checkbox"/> COB/OIC Issues (need primary carrier EOB) <input type="checkbox"/> Eligibility Issues <input type="checkbox"/> Invoice Attached/MUE Denial	<input type="checkbox"/> Fee Schedule <input type="checkbox"/> Over/Under Payment (provide justification) <input type="checkbox"/> Referral Attached (provide paper referral) <input type="checkbox"/> Contract Rate/Single Case Agreement <input type="checkbox"/> Authorization on File (need authorization #) <input type="checkbox"/> Out of State Rates <input type="checkbox"/> IP Bed Level Issues <input type="checkbox"/> Other (must have comments attached)
Notes/Comments:	

Send this form with all supporting documentation to:
 Johns Hopkins Healthcare LLC Attn: Adjustments Department
 7231 Parkway Dr, Ste.100 Hanover, MD 21076 or Fax: 410-424-2800

For more detailed information on claims/payment dispute policies and procedures, please reference the Provider Manual for the appropriate health plan or your Provider Participation Agreement.