

Provider Payment Dispute Request Form

Send this form with full pertinent medical documentation to support the request to Wellcare Attn: Claim Dispute PO BOX 4000 Farmington, MO 63640-4400.

 Child Health Plus WellCare Medicare Family Health HealthEase Medicaid HealthEase Healthy Kids Staywell Healthy Kids 	Request Date: Has the service been provided yet? _Yes_ No Plus Expedited Request? _ Yes _No (See reverse side for definition of Expedited Request)
Provider/ Appellant Information	Patient Information
Name	Name:
Address:	ID Number:
City:	Date of Birth:
Telephone:	Service Provided Information
Fax:	Date(s) of Service:
Contact Person: _	Place of Service:
Reason Given for Denial (from EOB or De	nial letter)
 Medical Necessity Lack of Information Not Prior Authorized Benefits Exhausted Out of Network Not a Covered Benefit Untimely Filing Invalid Code 	_ Inclusive _ Exclusive _ Incidental to _ Medicare Payment in Full _ Claim Not Billed as Authorized _ Exceeds Authorization _ Other
Reason for Request:	



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Provider Payment Dispute Request Form Filing on Member's Behalf Member appeals for medical necessity, out-of-network services, or benefit denials, or services for which the member can be held financially liable for services must be accompanied by an Appointment of Representation form or other office documentation signed and dated by the member you are appealing on behalf of, unless you are an attorney, power of attorney, court appointed guardian or health care proxy agent with associated documentation.

Expedited Request

Applies when the standard timeframe could jeopardize the life or health of the member, or the member's ability to regain maximum function.

Documentation needed: All Medical Information Needed to Determine Medical Necessity Examples:

- Inpatient or Observation stays Doctor orders, progress notes, ER notes, medication record, lab reports, nurses notes, consultation reports, PT/OT/ST notes (if applicable)
- Procedures procedure report, supporting consultation reports, PCP progress notes, Referring MD script Consultations- consultation report, Referring MD script
- PT, OT, ST progress notes, evaluations, summaries, Referring MD script
- Radiology reports, Referring MD script
- Timely filing billing notes, fax confirmation, certified mail card signed