



# Health Plans

## Provider Claim Dispute Request

### INSTRUCTIONS:

- All provider disputes must be submitted within 6 months from the date of original determination, or 12 months for Medicare.
- Use one form for each disputed claim.
- Provide a clear rationale and any additional documentation (such as medical records) to support your claim.
- Allow 30 days to elapse before checking the status of your dispute.
- Mail this form to the address below or complete it online in our provider portal:

**Health First Health Plans  
Claims Resolution Unit  
6450 US Highway 1  
Rockledge, FL 32955**

**myHFHP.org/login**

- Your dispute will be resolved within 60 days of receiving this form.
- If the decision is in your favor, you will receive a corrected payment and a new Remittance Advice.
- If the decision is not in your favor, you will receive a letter explaining the reason for the decision.

### PROVIDER INFORMATION:

Provider Name:	Phone Number:	Billing Address:

### PATIENT INFORMATION:

Patient Name:	Member ID#:	Date of Birth:

### CLAIM INFORMATION:

Date of Service:	Amount Billed:	Amount Paid:	Claim# and Procedure Code:

### DISPUTE INFORMATION:

#### Denial Reason:

- Additional information needed
- Authorization not obtained
- Benefit maximum exceeded
- Bundling/Unbundling
- Coding

- Coordination of benefits
- Duplicate claim
- Member eligibility
- Not contracted for service
- Pre-X exclusion
- Timely filing

#### Payment Issue:

- Contractual amount
- Under/Overpayment
- Member cost-share

Describe your desired outcome and why you feel it is appropriate. **Attach supporting documentation.**

Check here if additional information is attached.

Authorized Representative Name (please print)

Title

Date

Health plan use only: