



Provider Dispute Resolution Form

Instructions

If you have not previously addressed this issue, please call: Health First Health Plans - 1.844.522.5282 / AdventHealth Advantage Plans - 1.844.522.5278 to speak with a representative. This matter should undergo a preliminary review before filing a dispute.

Filling out this completed form will constitute a provider initiating a formal Dispute with Health First Health Plans/AdventHealth Advantage Plans and will trigger our Dispute Resolution Process.

Please complete this form and mail to:

Health First Health Plans / AdventHealth Advantage Plans
 P.O. Box 66490
 Phoenix, AZ 85082-6490

Fax: (IFP) 1.888.977.2062

Fax: (MA) 1.866.806.4650

Provider Information - Fill out all fields.

Provider Type	<input type="checkbox"/> Physician	<input type="checkbox"/> Anxilliary	<input type="checkbox"/> Hospital	<input type="checkbox"/> Ambulatory Surgical Center
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Home Health	<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Durable Medical Equipment
	<input type="checkbox"/> Assisted Living Facility			
	<input type="checkbox"/> Other (Please specify): _____			
Provider Name	Provider NPI		Provider Tax ID Number	
Provider Address	Suite/FL #	City	County	State
				Zip code
Phone	Fax	Email address		

Dispute Type - Choose one.

Dispute Type	<input type="checkbox"/> Contracted rate	<input type="checkbox"/> Timely filing	<input type="checkbox"/> Benefits decision	<input type="checkbox"/> Out-of-network review
	<input type="checkbox"/> Claims messages	<input type="checkbox"/> Prompt payment	<input type="checkbox"/> Health plan refund request	<input type="checkbox"/> Request for additional information
	<input type="checkbox"/> Other (Please specify): _____			

Disputed Claim Information - Include the following information about the claim in dispute.

Patient Name	Patient's Health Plan ID Number	Claim ID
Dates of service		

Dispute Description

Check here if supporting documentation is enclosed.
 Please be specific about how you would like this be resolved: