

# Provider Claim Dispute

Use this form as part of the Meridian Claim Dispute process to dispute the decision made during the request for reconsideration process.

**NOTE:** Prior to submitting a claim dispute, the provider must first submit a "Request for Reconsideration." The claims dispute must be submitted within **90 days of paid date, not to exceed 1 year from DOS.**

**All fields immediately below are REQUIRED information.**

Provider Name:

Member Name:

Provider Tax ID Number:

Member (RID) Number:

Control/Claim Number:

Date(s) of Service:

## Reasons for dispute (please check):

- |   |   |   |
|---|---|---|
| <input type="radio"/> Claim was denied for no authorization, but authorization # _____ was obtained.            | <input type="radio"/> Claim was denied for untimely filing in error (proof of timely filing should be attached) | <input type="radio"/> Other (please explain below)<br>_____<br>_____<br>_____ |
| <input type="radio"/> Claim was denied for no authorization, but no authorization is required for this service. | <input type="radio"/> Claim was paid to wrong provider PCP  |   |
|   | <input type="radio"/> Hours didn't fit member need  |   |
|   | <input type="radio"/> Claim was paid for incorrect amount   |   |

Request Name:

Requestor Phone Number:

Date of Request:

**ATTACH:** A Copy of the EOP(s) with Claim(s) to be adjusted clearly circled along with the response to your original request for reconsideration.

**NOTE:** If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim following the "Corrected Claim" process in the provider manual. Please do not include this form with a corrected claim.

## MAIL completed form(s) and attachments to:

**Meridian**  
Attn: Claims Department  
PO Box 4020  
Farmington, MO 63640

**IMPORTANT NOTICE:** Meridian will make reasonable efforts to resolve this request within 45 calendar days of receipt. That resolution may be:

1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
2. A determination that reprocessing is not appropriate and issuing you an EOP or letter to that effect.

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