

Claim Appeal Form

For Claims Adjustments, see the online or fax Claim Adjustment Request form

Claim Appeal requests include reconsideration of an adjudicated claim where the originally submitted data is accurate or a claim that was denied for timely filing. A HealthPartners claim number is required.

Patient Member Number _____ Patient Name _____

HealthPartners Claim Number _____

First Date of Service _____ Billed Amount \$ _____

Provider Name _____

Billing Provider ID# NPI (preferred) or Tax ID _____

Contact Person _____ Phone# _____

Fax# (Required) _____

Please check applicable reason and attach supporting documentation. A description of the request is REQUIRED.

<input type="checkbox"/> TIMELY FILING/Late Claims Submission	REQUEST MUST BE MADE WITHIN 60 DAYS OF THE ORIGINAL DISALLOWED CLAIM. <ul style="list-style-type: none"> Check this box to appeal claims submitted after your contractual filing limits. If you have questions about your filing limit please contact your contracting representative. Attach a copy of the original claim showing the original print date OR a screen print from your billing system showing the account activity and the reason why the claim is/was submitted late.
<input type="checkbox"/> Pricing	Incorrect payment or application of benefits
<input type="checkbox"/> Eligibility Issues	Payment related to member eligibility
<input type="checkbox"/> Coding Review	Appeal of coding decision. <u>Supporting documentation is required</u>
<input type="checkbox"/> Prior Authorization	Denied for No Prior Authorization. Request for medical necessity review for claim(s) Check appropriate review type: <input type="checkbox"/> Medical Policy <input type="checkbox"/> Medical Injectable/IV's <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dental
<input type="checkbox"/> Credentialing	Professional credential information was incorrect or has been updated since claim processed
<input type="checkbox"/> Other	Detailed description REQUIRED below

Complete Description of Reason for Claim Appeal:

<input type="checkbox"/> HealthPartners Commercial Insured Products PO Box 1289 Minneapolis, MN 55440-1289 952-883-7770 or 7755 Fax 651-265-1230	<input type="checkbox"/> HealthPartners Government and Senior Products PO Box 9463 Minneapolis, MN 55440-9463 952-883-7699//888-663-6464 Fax 952-883-7666	<input type="checkbox"/> HealthPartners Dental Products PO Box 1172 Minneapolis, MN 55440 952-883-5165//800-642-1323 Fax 952-883-5160
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