

Process for Provider to Submit claims dispute Project.

1. Disputed claims must be included in Excel format with below mentioned fields. You have to attach this Excel when you are submitting the project.

Provider Name	NPI	TIN	LOB	Subscriber ID	Mbr Last Name	Mbr First Name	Claim Number	DOS Frm	DOS To	Total Charge Amt.	Paid Amount	Denial Reason



Project
Submission_ServiceC

Below mentioned fields require in the Excel format:

- Provider Name
 - NPI
 - TIN
 - Line of Business
 - Subscriber ID (Starts with V)
 - Member Last Name
 - Member First Name
 - Claim Number
 - DOS From
 - DOS To
 - Total Charge Amt. (for specific claim Number)
 - Paid Amount
 - Denial Reason
2. From an Internet browser (IE or Chrome) go to the following URL:

External Link (Providers) [Project Submission Form](#)

3. Complete the Provider Claims Payment Inquiry form and click on Submit.

Submitter Information

Submitter First Name*

Submitter Last Name*

Submitter Phone*

Submitter Email*

Provider Information

Provider First Name*

Provider Last Name*

Provider NPI*

Provider Tax ID*

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Service Type*

--select an item--

DOS From Date

DOS To Date

Fill out the form and attach the excel file.

Issue Summary*

No. of Impacted Claims

Estimated Liability

\$

File Upload*

Add File...

* - required

Submit

4. Once you submit you will receive below message

REQUIRED INFORMATION: Provider Name, NPI, TIN, LOB, Member ID, Mbr Last Name, Mbr First Name, Claim Number, DOS Frm, DOS To, Billed Charges, Paid Amount, Denial Reason.

Submitter Information

Originating Submitter*

Department*

Submitter Email*

Submitter Phone*

Provider Information

Provider First Name*

Provider Last Name*

Provider NPI*

Provider Tax ID*

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Service Type*

Thank you for your submission!



5. Once Project Submitted Submitter will receive the email confirmation.