



Provider Claim Reconsideration Request Form*

Adjustment Request

Recoupment Request

Appeal Request

Secondary Appeal Request

Adjustment/Recoup Request: To be completed only when requesting an adjustment in situations where the original claim processed incorrectly even though correct claim information was provided.

Appeal Request: To be completed when requesting reconsideration of a previously adjudicated claim, but there is no additional claim data to be submitted. **Second level appeals must be submitted with additional information over and above what was submitted with the initial appeal.**

***Billing Provider Information** **UCare Contracted Provider?** **Yes** **No**

Provider Name: UCare Provider#:

NPI Number: UMPI Number (if applicable):

***Claim Information**

Member Name: UCare Member Number:

Date(s) of Service:

Claim Number(s):

***Reason for Request** (see definitions on reverse side)

- Payment Dispute
- Timely
- Eligibility
- Medical Policy Review
- Code Review
- Billed in Error
- Other Authorization (check appropriate box below)
 - Nursing Home
 - Elderly Waiver/PCA
 - Injectable Drug
 - Behavioral Health
 - Homecare
 - Other
 - Outpatient Therapy
 - DME Procedures

Detailed description for request:

***Supporting Documentation Attached** (see examples on reverse side)

- Remittance Advice
- Medical Records
- Refund (only if the claims date has exceeded 12 months)
- Other

***Contact Information:**

Requester: Phone #:

Total # of pages: Fax#:

Date:

Please fax or mail to:

UCare – Attn: CLAIMS
P.O. Box 405
Minneapolis, MN 55440-0405
Fax: 612-884-2186

Questions?

Please call our Provider Assistance Center
612-676-3300 or toll free at 1-888-531-1493

*** Incomplete forms will be returned to provider without further consideration. Please complete all sections containing an asterisk (*).**



Please use the following grid below to determine if you are requesting an Adjustment, Recoupment or Appeal.

REASON FOR REQUEST	DESCRIPTION	ADJUSTMENT TYPE	SUPPORTING DOCUMENTATION
Payment Dispute	Provider Disagrees With Original Claim Payment Due To An Incorrectly Processed Claim.	Adjustment/Recoup Request	Copy Of Fee Schedule Or Provider Agreement
Authorization	Denied Previously For No Authorization.	Appeal	Medical Records And Rationale For Service Performed
Authorization On File	Authorization Now On File, Claim Requires Reprocessing.	Adjustment Request	Authorization Number
Timely Filing	Claim Submitted After Filing Deadline	Appeal	Documentation Supporting Submission Of A Claim Within The Timely Filing Limits
Eligibility	Member Not Eligible At Time Of Service.	Appeal	Documentation Supporting Effective/Term Date
Medical Policy Review	Request To Change A Utilization Review Decision, Or An Initial Claim Decision Based On Medical Necessity Or Experimental / Investigational Coverage Criteria.	Appeal	Medical Records And Rationale For Service Performed
Code Review	Provider Disagrees With Original Claim Payment Due To Coding Methodology (I.E. Bundling, Frequency, Global, Unlisted, Place Of Service, Etc.).	Appeal	Rationale For Questioning Payment
Billed In Error	Claim Billed In Error	Recoup Request	N/A

Incomplete forms will be returned to provider without further consideration. Please complete all sections containing an asterisk ().*