

# Provider Claim Dispute



Use this form as part of the YouthCare 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.**

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## 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:

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## Reasons for dispute (please check):

Claim was denied for no authorization, but authorization # \_\_\_\_\_ was obtained.

Claim was denied for untimely filing in error (proof of timely filing should be attached).

Other (please explain below)

Claim was denied for no authorization, but no authorization is required for this service.

Claim was paid to wrong provider

PCP Hours didn't fit member need

Claim was paid for incorrect amount

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Request Name:

Requestor Phone Number:

Date of Request:

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**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:

YouthCare  
PO Box 4020  
Farmington, MO 63640-3800

**IMPORTANT NOTICE:** YouthCare 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.

Updated 6/1/2020