dell children's
HEALTH PLAN

Provider Payment Dispute and Claim Correspondence Submission Form

Use this form for payment disputes and claim correspondence only.

Member first/last name:		
Member DOB:		
Dell Children's Health Plan ID:	Medicaid/CHIP ID:	
Provider first/last name:		
Provider ID:		
☐ Participating provider	☐ Nonparticipating provider	
Provider contact first/last name:		
Provider contact phone:		
Provider street address:		
City:	State:	ZIP:
Phone:		
Claim number:		
Billed amount: $	Amount received: $	
Start date of service:	End date of service:	
Authorization number:		

To ensure timely and accurate processing of your request, please complete the payment dispute or Claim correspondence section below.

Payment dispute

The simplest way to define a payment dispute is when a claim is finalized, but you disagree with the outcome.

The payment dispute process consists of two consecutive options: reconsideration and claim payment appeal. For the first time disputing the payment, choose **reconsideration** so that you can have two levels of appeal if needed. If a reconsideration has been completed, choose **claim payment appeal.** If unsure, choose **reconsideration**.

Payment dispute (check the appropriate box): ☐ Reconsideration ☐ Claim payment appeal

Clearly and completely indicate the payment dispute reason(s). You may attach an additional sheet if necessary. **Please include any appropriate supporting documentation.**

Claim correspondence (check the appropriate box below):

Claim correspondence is defined as additional requested information necessary in order for a claim to be considered clean, to be processed correctly or for a payment determination to be made.

☐ Itemized bill ☐ Medical records (in response to a claim denial or request from Dell Children's Health Plan)

☐ Corrected claim ☐ Other insurance/third-party liability information ☐ Other correspondence

Clearly and completely indicate the reason(s) for your correspondence. You may attach an additional sheet if necessary.

Mail this form and supporting documentation to:

Payment Dispute Unit
Dell Children's Health Plan
P.O. Box 61599
Virginia Beach, VA 23466-1599