



### Provider Reconsideration Form

**Instructions:** This form is to be completed by – contracted physicians, hospitals, or other healthcare professionals to request a claim review for members enrolled in a **Commercial** benefit plans administered by GlobalHealth.

**Mailing Address:** PO Box 2328 OKC, OK 73101 **Attn:** Provider Payment Dispute **Date:** \_\_\_\_\_

**Physician:**  **Hospital:**  **Other (Lab, DME, etc.):**

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#### Member Information

Member/Patient Name: \_\_\_\_\_ ID: \_\_\_\_\_  
Claim #: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Billed \$: \_\_\_\_\_

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#### Physician/Hospital/Health Care professional information

Vendor Name: \_\_\_\_\_ Billing Tax ID (TIN): \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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#### Reason for Request

Corrected Claim (attached)	Underpayment	Claim Pended or Denied
<input type="checkbox"/> CPT	<input type="checkbox"/> Per Contract	<input type="checkbox"/> No authorization
<input type="checkbox"/> Diagnosis (ICD-9 or ICD-10)	<input type="checkbox"/> Units	<input type="checkbox"/> Authorization does not match
<input type="checkbox"/> Date of Service	<input type="checkbox"/> Other	<input type="checkbox"/> Quality or Readmission
<input type="checkbox"/> Billed charges		<input type="checkbox"/> Billed Inappropriately
<input type="checkbox"/> DRG		<input type="checkbox"/> Proof of Timely Filing
<input type="checkbox"/> Modifier		<input type="checkbox"/> Primary EOB or COB information
<input type="checkbox"/> Other		<input type="checkbox"/> Itemized billing request
		<input type="checkbox"/> Medical records

Please include or attach any information that might be helpful in making a final claim determination.

**Including but not limited to:** *Proof of timely evidence and or proof GlobalHealth accepted your EDI claim (277 report), (Claims rejected on the 277 do not suffice as proof of timely filing). Other insurance carrier’s denial/rejection, EOB, letter indicating termed coverage, records, itemized billing, etc.*

Comments: *(Please Explain)*

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A final determination will be made within 45 days of receipt, unless additional documentation is required. We will notify you within 30 days if additional information is needed.