DENVER HEALTH MEDICAL PLAN INC.™

PROVIDER REQUEST FOR DISPUTE RESOLUTION

The Provider-Carrier Dispute Resolution Process is available to all providers to resolve claim payment disputes. Disputes will only be accepted after a reconsideration outcome has been received by the provider. Disputes must be received by DHMP within 30 calendar days from the date on the reconsideration Remittance Advice (RA). Please note, disputes regarding prior authorization denials must include an explanation of the extenuating circumstances that prevented the provider from following standard utilization management rules for obtaining an authorization prior to rendering services.

Please attach the RA with your reconsideration determination with this form or complete section 1 (sections 2 and 3 are required).

Date

Reconsideration explanation code from RA

1. CLAIM INFORMATION

DHMP (Denver Health Medical Plan) Claim Number(s)

Date of Service(s)

Provider Name

Provider TIN

Subscriber Name

Member Name

Member ID #

Member Date of Birth

Dollar Amount in Dispute (if applicable)

2. REASON FOR DISPUTE (please attach copy of the DHMP remittance advice and circle impacted claims):

SUPPORTING DOCUMENTATION
Proof of timely filing: please attach
Proof of authorization or authorization number, if the service in question requires authorization:

3. BILLING PROVIDER INFORMATION

Contact Name

Address

Telephone Number

Fax Number

Email Address, if applicable

PLEASE MAIL TO:
Denver Health Medical Plan
Attn: Provider Reconsiderations
P.O. Box 6300
Columbia, MD 21045