AmeriHealth Caritas VIP Care

Provider Claim Dispute Form

A dispute is a request from a health care provider to change a decision made by AmeriHealth Caritas VIP Care related to claim payment or denial for services already provided. A provider dispute is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

A provider may dispute the claim within **180 days** from the date of the denial or payment.

Submitter contact information	
Name (last, first):_____	Phone number:_____

Provider information	
Name (last, first):_____	Phone number:_____
NPI number: _____	Tax ID:_____
❑ I am an in-network provider	❑ I am an out-of-network provider

Member information	
Name (last, first):_____	Member date of birth:_____
Member ID:_____	

Claim information	
Claim number:_____	Billed amount: $_____
Dates of services: _____	

Continued on other side.

Provider Claim Dispute Form

To ensure timely and accurate processing of your request, please complete the payment dispute section below by checking the applicable reason for your dispute.

❏ Inaccurate payment

❏ Post-service authorization denial

❏ Denied as a duplicate

❏ Clinical edit limitation or denial

❏ Denied for no primary payer Explanation of Benefits (EOB, attached)

❏ Denied for no authorization (service does not require authorization)

❏ Denied for no authorization (auth. #_____ on file)

❏ Untimely filing (proof of timely filing attached)

❏ Other:_____

Signature:	Date:

Mail this form, a listing of claims (if applicable), and supporting documentation to:

AmeriHealth Caritas VIP Care
Attn: Claim Disputes
P.O. Box to 7125
London, KY 40742-7125

Important note: A telephone inquiry regarding payment or denial of a claim does not constitute dispute of the claim.

AmeriHealth Caritas™
VIP Care®