

Claim Adjustment or Appeal Request Form



Use this form for member claims submitted for the Payer IDs listed in the table below to submit requests for reconsideration to adjust a claim, or file an official appeal. Submit one form per claim.

94265
send to:
Medica
PO Box 30990
Salt Lake City, UT 84130

Or fax this form to:
1 (801) 994 1076
[Or submit this form electronically](#)

12422
send to:
Medica
PO Box 21051
Eagan, MN 55121-0051

Or fax this form to:
1 (952) 992 1427
[Or submit this form electronically](#)

71890, 53589, or 88090
send to:
Medica
PO Box 211435
Eagan, MN 55121-0051

Or fax this form to:
1 (952) 992 3024
[Or submit this form electronically](#)

MEDM1
send to:
Medica
PO Box 21342
Eagan, MN 55121-0342

Or fax this form to:
1 (952) 992 3899
[Or submit this form electronically](#)

41822
send to:
Medica
PO Box 211404
Eagan, MN 55121

Or fax this form to:
1 (952) 992 3024

Provider Information

Practitioner Name:	Tax Identification Number (TIN):
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Facility/Group Name:

Provider Number (10 or 11 digits):	Provider Patient Account Number:
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Contact Information

Requester:	Phone Number:	Fax Number:	Date:
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Claim Information

Member (Patient) Name:

Member Group and ID Number:	Date(s) of Service:
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Claim Number:	Denial / Reason Code(s):
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Reason For Request

- Timely Filing – claims submitted beyond 180 days from DOS or 12 months from the disallow date
- Eligibility – Payment issues for ineligible charges, claim processed as incorrect member, incorrect order of payment or other issues related to member eligibility
- Medical Policy – Request a determination of medical necessity or a denial for failure to obtain prior authorization. **60 days in the case of lack of prior authorization.** Supporting documentation is required.
- Code Review – Request of coding decision; supporting documentation required. Requires completion of coding review request topics section.
- Other _____

Note: For disputes related to the contracted rate, call the Provider Service Center at 1-800-458-5512.

Supplemental Documentation Attached

- Remittance Advice
- Refund
- Medical Records
- Other _____

Additional Comments:

Total number of pages attached (including supporting documentation): _____

After you have received a response for your initial request and if you still do not agree, you may appeal by adding your rationale below and attach supporting documentation. Please submit to the appropriate address on the previous page.