



Billing Dispute Resolution Request Form

Fields with a red asterisk () are required*

Provider Information

Date Submitted (MM/DD/YYYY) *

/ /

Note: All requests must pertain to a claim with dates of service that are within the timely filing guidelines. If the billing dispute pertains to a claim that is already past the timely filing limit, no action will be taken.

Provider Name *

Provider Number *

NPI *

TIN *

Contact Person/Name *

Contact Phone Number & Extension *

() - x

Patient/Beneficiary Information

First Name *

Last Name *

Medicare Beneficiary Identifier (MBI/HIC) *

Date of Birth (MM/DD/YYYY) *

/ /

Claim Information

Note: A separate form must be completed for each patient/beneficiary.

Date(s) of Service (Enter all that apply. MM/DD/YYYY) *

From: / / Through: / /

DCN(s) (Enter all that apply) *

Contact Resolution Information

Note: The following information is required to establish the provider's attempt to resolve the billing dispute prior to contacting Palmetto GBA for assistance.

Name of Agency Contacted *

Name of Individual Contacted *

Date Agency was Contacted (MM/DD/YYYY) *

/ /

Is the agency out of business? *

Yes No

Method of Contact (select one) *

Phone Fax Letter Other

If "Yes," please explain.

Identify the Situation (Check one) *

Billing Overlap (This applies to instances where two providers are billing for overlapping dates of service, which may include a transfer situation.)

If Billing Overlap, please include the following information with your inquiry:

- Transfer Agreement Form
- Written communication with other provider (if any)
- Beneficiary Eligibility Verification (HIQH/HIQA or OPS Screen Print)

Sequential Billing (This applies to instances where one provider has billed before another agency has completed their billing.)

Additional Comments

Note: If you need more space, put "See Attached" in the box below and submit your comments on a separate sheet with your inquiry.

PC-HHH-A-3000



Revised 3/2018

Please fax or mail this form and all additional documentation to:

Fax: (803) 462-2217

Palmetto GBA

Attn. Provider Contact Center AG-840

P.O. Box 100238

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