



### 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.

Please send this form and all additional documentation to

**Fax: (803) 462-2215**

Palmetto GBA  
Attn. Provider Contact Center AG-840  
P.O. Box 100238  
Columbia, SC 29202-3238

