



Care1st Claim Dispute Form

Health Plan Assigned Dispute #

AHCCCS Guidelines R9-34-405 state (in part):

All claim disputes (i.e. complete or partial denial of a claim) must be submitted in writing within 12 months from the date of service (or the date of discharge for an inpatient claim) or within 60 days of the last adverse action, or 12 months from the date of eligibility retro posting whichever is greater.

All requests for dispute should include:

- 1. A completed Claim Dispute Form OR a letter detailing the factual and legal basis for your dispute.
- If submitting via this form please use one form for each disputed claim.
2. A copy of original claim and remittance advice
3. Supporting documentation for reconsideration. For provider disputes with a clinical component (such as denied inpatient days, or services denied for lack of medical necessity), additional documentation should include a narrative describing the situation, an operative report and medical records as applicable.

Mail the completed form(s) and documentation to:

Attention: Claim Disputes
Care1st Health Plan Arizona
2355 E. Camelback Rd. #300
Phoenix, AZ 85016

Notice:

- 1. Disputes that fail to detail the facts of the case as well the legal argument will be denied, without medical review.
2. Claims disputes submitted with incomplete information shall be denied. The plan will not attempt to solicit supporting documentation.
3. The Plan will not entertain newly submitted or corrected claims for claim dispute. Newly submitted or corrected claims must first be adversely adjudicated before the Plan can accept as a disputed matter.

Contact Name and Company: Contact Address:
Provider of Service: Contact Telephone Number:
Name of Practice or Facility
Address Where Services Were Rendered: Tax ID:

Member Name: Date of Birth: Plan I.D.:

Claim Number(s):
Date(s) of Service:
Procedure Code(s) disputed / Amt Billed & Pd for Each:
Diagnosis Code(s):

Reason for Dispute/Narrative of Argument:

Clinical Documentation Attached [] Yes [] No

Disputes of denied inpatient days or claims denied for no Prior Authorization must include complete medical records.