



Claim Reconsideration Form

NOTE: Do not use this form for filing an appeal, please use the Post Service Claim Appeal Form.

A claim reconsideration is the first step in asking for review of how we processed your claim. With a claim reconsideration, we review whether a claim was paid correctly, including if your provider information and/or contract are set up incorrectly in our system, which could result in the original claim being denied or reduced.

The following are reasons for requesting a claim reconsideration (*select those that apply*):

- Denial for Incorrect ICD/CPT Coding
- Denial as a Duplicate Claim
- Denial for Missing Information/Documentation
- Denial for No Prior Authorization
- Other (please describe): _____
- Incorrect Rate Applied
- Bundled Services
- Denial for Coordination of Benefits
- Corrected Claim Submission

Required Claim Reconsideration Information

Today's Date: ___/___/___

Is appeal from: Member or Provider

Provider Name: _____

Member Name: _____

Member ID: _____

Date of Service: ___/___/___ Claim Number: _____

Contact Name: _____ Tel. Number: _____

Mail or Fax all Information to:

Submit this Reconsideration Form to Attention: **Evergreen Health**
Attn: Claim Reconsiderations
 3000 Falls Rd. Ste. 400
 Baltimore, MD 21211
Fax: 888.975.1538
Email: providers@evergreenmd.org

To avoid delays in processing your claim reconsideration:

- Include supporting documentation.
- Submit a separate form for each claim reconsideration.
- Applicable filing limit standards apply.