Amerigroup
An Anthem Company

https://providers.amerigroup.com

Claim Payment Reconsideration Submission Form

Member information

Member first/last name:		
Member ID:		
Member DOB:		

Provider/provider representative information

Provider first/last name:		
NPI number:		
Provider street address:		
City:	State:	ZIP code:
☐ I am a participating provider.	☐ I am not a participating provider.	
Provider representative: ☐ Self ☐ Billing agency ☐ Law firm ☐ Other: _____		
Representative contact name:		
Contact phone:		
Email:		
Street address:		
City:	State:	ZIP code:

Claim information*

Claim number:
Billed amount: $
Amount received: $
Start date of service:
End date of service:
Authorization number:

* For multiple claims related to the same issue, providers can use one form and attach a listing of the claims with each supporting document.

Claim Payment Reconsideration

Amerigroup Washington, Inc. encourages providers to use our reconsideration process to dispute claim payment determinations. We accept verbal, electronic, and written claims reconsiderations within 24 months of the date on the *Explanation of Payment (EOP)*. A reconsideration request resulting in an adjustment to the claim payment results in the issuance of an *EOP* reflecting the adjustment.

Providers will receive a reconsideration determination letter. If providers disagree with the reconsideration determination, they have an additional 30 calendar days from the date the determination letter was mailed to file a Claim Payment Appeal.

To ensure timely and accurate processing of your request, please check the applicable determination provided on the *EOP*.

- ☐ Untimely filing
- ☐ No authorization
- ☐ Denied for other health insurance (OHI) but member does not have OHI
- ☐ Experimental/investigational procedure denial
- ☐ Claim code editing denial
- ☐ Retrospective authorization issue
- ☐ Disagree that you were paid according to contact
- ☐ Data elements on the claim on file do no match the claim originally submitted
- ☐ Denied as duplicate
- ☐ Denial related to provider date issue
- ☐ Member retro-eligibility issues
- ☐ ER level of payment review
- ☐ Other

If submitting in writing, please mail this form, a listing of claims (if applicable) and supporting documentation to the address below or attach and submit through our provider website at https://providers.amerigroup.com/WA.

Claim Payment Reconsideration
Amerigroup Washington, Inc.
P.O. Box 61599
Virginia Beach, VA 23466-1599