



Provider Payment Dispute and Correspondence Submission Form

This form should be completed by providers for payment disputes and claim correspondence only. If you are completing this form for a Medicare member and the member has potential financial liability, you must include a completed CMS *Waiver of Liability* form.

Member information:	
Name:	
DOB:	ID number: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare
Provider information:	
Name:	NPI number:
Provider status: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Address:	
City, State ZIP code:	
Phone:	
Contact information:	
Name:	Phone:
Dispute information:	
Claim number:	Authorization number:
Billed amount: \$	Amount received: \$
Start date of service:	End date of service:
Payment dispute:	
A payment dispute is a dispute between the provider and Amerigroup Washington, Inc. regarding a claim determination in which the member cannot be held financially liable. All disputes with member liability must follow the applicable appeals process. Please refer to your <i>Explanation of Payment</i> to ensure the correct process is followed.	
Check the appropriate dispute type: <input type="checkbox"/> First-level dispute <input type="checkbox"/> Second-level dispute	
Indicate the payment dispute reason(s) in the space provided. You may attach an additional sheet if necessary. Please include appropriate medical records.	
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Claim correspondence:	
Claim correspondence is defined as a request for additional information in order for a claim to be considered clean or processed correctly or for a payment determination to be made.	
Check the appropriate box:	
<input type="checkbox"/> Itemized bill/medical records (in response to an Amerigroup claim denial or request)	
<input type="checkbox"/> Corrected claim — other insurance/third-party liability information/other correspondence	
Indicate the reason(s) for your correspondence. You may attach an additional sheet if necessary.	
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Mail this form and supporting documentation to the following address:	Payment Disputes Amerigroup Washington, Inc. P.O. Box 61599 Virginia Beach, VA 23466-1599