absolute total care | Healthy Connections PRIME

1441 Main Street
Suite 900
Columbia, SC 29201

**PROVIDER DISPUTE FORM**

| Provider/Group Name | Provider Tax ID# | Provider NPI# | Provider County | Name of Person Completing Form | Phone number | Email address |
|---|---|---|---|---|---|---|
| | | | | | | |

**Participation Status** ◯ In-Network ◯ Out of Network
**Dispute Type**: ◯ Credentialing ◯ Prior Authorizations ◯ Policies & Procedures ◯ Claims
**Product:** ◯ Medicare-Medicaid

**Is dispute within 30 days of receiving an adverse action?** ◯ Yes ◯ No
If yes, please proceed and complete the remainder of this form.
**If No, STOP. All disputes must be filed within 30 days of receiving the adverse action.**

**Claim Related Dispute additional information:**

**How many claims are being disputed**? (If applicable) ◯ 1-25 ◯ 25-50 ◯ 50-75 ◯ >100

**What is your expected payment for the disputed claims?** (If applicable) ◯ <$500 ◯ $500-$1000 ◯ $1000-$5000 ◯ $5000-$10,000 ◯ >$10,000

**Claim Example/s, please include EX Codes (minimum of 10): if >10 please submit on separate form**

| Claim # | EX code | Claim # | EX code |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Brief Description of Dispute:**

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**FOR INTERNAL USE ONLY:**
**Dispute submitted via:** ◯ **Email:** atcnetworkrelations@centene.com ◯ **Fax:** 1-866-912-3605
◯ **ATC website** ◯ **Face to face**
◯ **Mail:** Absolute Total Care, 1441 Main Street, Suite 900, Columbia, SC 29201