McLaren HEALTH PLAN | INDIVIDUAL MEDICAID MEDICARE

McLaren HEALTH ADVANTAGE

Provider Claim Adjustment Request Form

WHEN TO USE THIS FORM:

A **Claim Adjustment** - is a request for payment reconsideration for a paid or denied claim. Any claim for which an Explanation of Payment (EOP) was issued that was paid inappropriately, or was denied, must be resubmitted with supporting documentation as an adjustment.

Claim Adjustment Request Time Frame - All claim adjustment inquiries and requests must be made to McLaren Health Plan (MHP) **within 90 calendar days** of the most current EOP. Any inquiry or request made **after 90 calendar days** will not be given consideration. The acknowledgement of receipt date will only be considered when a completed request form and supporting documentation is received by MHP.

Corrected Claims – When submitting a corrected claim or a secondary claim with a primary insurers EOP, submit those via EDI submission or if unable to submit via an EDI submission, mail to the address below. **Corrected claims cannot be sent via fax or email**. Corrected claims must be submitted within 90 days of a denial. Secondary claims must be submitted within 90 days of the primary insurers EOP. **DO NOT USE THIS FORM FOR CORRECTED OR SECONDARY CLAIMS.**

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____ **ID #:** _____

MHP Claim #: _____ **DOS:** _____

Provider Name: _____ **Tax ID #:** _____

Office Contact: _____ **NPI #:** _____

Email address: _____ **Phone #:** _____

Date Submitted: _____ **Fax #:** _____

Reason for Claim Adjustment Request (please check appropriate box):

For reconsideration:
(supporting documentation required)

☐ **Service denied for lack of authorization (attach copy of referral)**

☐ **Service denied as a duplicate (attach documentation)**

☐ **Other**_____

Send this completed Provider Claim Adjustment Request form along with supporting documentation to:

McLaren Health Plan
Attention: Customer Service
P.O. Box 1511
Flint, MI 48501-1511
Or Fax to: 833-540-8648
Email: CustomerService@mclaren.org