



Provider Claim Reconsideration Request

To Submit a Claim Reconsideration Request: Provide the information shown below and complete a separate request for each claim. Return with the associated Explanation of Payment (EOP) and/or supporting documentation via fax to (605) 312-8217.

Please note that this form is to be used for Align powered by Sanford Health Plan and Great Plains Medicare Advantage products only.

INCOMPLETE SUBMISSIONS WILL BE RETURNED UNPROCESSED

Provider Information	
Provider Name:	Contact Name:
NPI Number:	Phone Number:
Fax Number:	Email Address:
Contact Address:	
Member/Claim Information	
Member Name:	Date of Birth:
Member ID Number:	Date(s) of Service:
Claim Number:	
Type of Reconsideration Request	
<p>Duplicate Claim: A first time claim submission that denied as a duplicate filing, or the service lines on the claim were denied as a duplicate.</p> <p>Required Documentation: Original EOP</p>	
<p>Code Review: The provider feels the denied claim was coded correctly.</p> <p>Required Documentation: Provide explanation/rationale below.</p>	

Type of Reconsideration Request (continued)

Timely Filing: A first time claim submission that denied for timely filing. For Medicare Advantage the timely filing limit is 365 days.

Required Documentation: Screen-print from the billing system showing the date the claim was sent to Sanford Health Plan. If filed electronically, the name of the clearinghouse used with evidence the claim was accepted by the Plan without error must also be included.

Request for Additional Information: A first time claim submission that denied for additional information, due to an unlisted/unspecified procedure code that was submitted without supporting documentation or a procedure code that was not submitted with operative or anesthesia notes, a pathology report, and/or office notes.

Required Documentation: Provide explanation/rationale below and relevant clinical documentation.

Other: Network, Scope of practice, experimental /investigational denials or other to request a claim reconsideration for topics not mentioned above.

Required documentation: Provide explanation/rationale in the comments below.

Comments:

Please do not use this form for the following requests:

- Authorizations
- Corrected Claim
- Coordination of Benefits
- Incorrect Reimbursement

For questions on the above requests please contact:

- (888) 278-6485 (TTY:(888) 279-1549) for Align powered by Sanford Health Plan
- (844) 637-4760 (TTY:(888) 279-1549 for Great Plains Medicare Advantage

Signature

Signature of Person Requesting Reconsideration

Today's Date