



HEALTH ADVANTAGE



HEALTH PLAN COMMUNITY



HEALTH PLAN

**McLaren Health Plan and 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 on a paper claim (not EDI) 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 MHP/MHA 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/MHA.

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____	ID #: _____
MHP Claim #: _____	DOS: _____
Provider Name: _____	Tax ID #: _____
Office Contact: _____	NPI #: _____
Email address: _____	Phone #: _____
	Fax #: _____

Date Provider Claim Adjustment Request Form Submitted: _____

Reason for Request (please check appropriate box):

For a correction to a previously submitted claim:

- Anesthesia Time
- Date of Service
- Diagnosis Code
- Modifier
- MS DRG
- Place of Service
- Procedure Code
- Provider/Tax ID
- Other _____

**For reconsideration:
(supporting documentation required)**

- Service denied for lack of authorization
(attach copy of referral)
- Service denied as other insurance primary (COB)
(attach copy of primary EOB)
- Service denied as a duplicate
(attach documentation)

Send this completed Provider Claim Adjustment Request form along with the paper claim form (not EDI) and supporting documentation to:

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

Email: MHPCustomerService@mcclaren.org

For questions regarding the Provider Claims Adjustment Process, call Customer Service at 888-327-0671.