CLAIM DISPUTE FORM

2629 Townsgate Road, Suite 235
Westlake Village, California 91361
Phone (800) 298-4875 • **FAX (800) 547-9784**

Practitioner Information

Practitioner Name: _____ License # _____

Address: _____ City, State _____

Zip Code: _____ Phone: (_____) _____ Fax: (_____) _____

Patient Information

Patient Name _____ Patient ID # _____

Health Plan Name _____ Group Number _____

Dispute Information

Disputes must be received within 365 calendar days from the date you received Landmark's claim denial(s).

☐ **Claims Denied for Timeliness**

Claim Number (s) _____
Submit with Dispute
- 🕐 Explanation of delay (below)
- 🕐 Copy of determination letter corresponding to the claim being disputed
- 🕐 Copy of corresponding Remittance Advice
- 🕐 Documentation reflecting the original submission date

☐ **Claims Denied for Incorrect Billing Codes**

Claim Number (s) _____
Submit with Dispute
- 🕐 Corrected claims
- 🕐 Progress notes for date(s) of service being disputed
- 🕐 Copy of corresponding Remittance Advice

☐ **Other** _____

Claim Number (s) _____
Submit with Dispute 🕐 Copy of corresponding Remittance Advice

To submit similar multiple claim disputes as a single dispute, please complete one Claim Dispute Form and include the information requested in the table on Page 2 of this form.

Explanation

Provide a brief, clear explanation supporting your request for payment.

_____

_____

_____

_____

_____

Practitioner Signature: _____ Date: _____

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Complete the following table to batch multiple, substantially similar disputes. Examples of similar disputes would be for all claims that are denied for the same reason such as untimely filing or incomplete claim form.

	Patient Name	Patient ID #	Claim #	Date(s) of Service	Reason
1.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
2.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
3.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
4.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
5.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
6.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
7.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
8.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
9.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
10.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____
11.					☐ Timeliness ☐ Incorrect Billing Code ☐ Other_____

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