

## 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 and procedures     Claims

Is dispute within 30 days of receiving an adverse action?     Yes     No

If you answered No, stop filling out this form. 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-\$1,000     \$1,000-\$5,000     \$5,000-\$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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR INTERNAL USE ONLY**

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