



Provider Dispute Form

Date: _____

Please select the dispute type:

- Contracted Provider Dispute:** A disagreement with any adverse action including the denial or reduction of claims for services included on a clean claim. Contracted providers may also dispute Wellcare Prime by Absoute Total Care’s policies, procedures, rates, contract disputes, or administrative functions from Wellcare Prime.
- Non-Contracted Provider Dispute:** A disagreement with the nonpayment, denial or reduction of a covered service rendered out of the network, including emergency care.

This form must be used to file your dispute.

Provider/Group Name	Provider Tax ID Number	Provider NPI Number	Provider County	Date of Service	Date of Last EOP
Member Name	Member ID Number	Claim Number*	Name of Person Completing Form	Phone Number	Email Address

*Enter multiple claim numbers

Reason for the dispute:

Contracted Provider	Non-Contracted Provider**
Any adverse action, including: <input type="checkbox"/> Denial of payment of claim (including non-payment) <input type="checkbox"/> Denial or reduction of a covered service <input type="checkbox"/> Wellcare Prime’s Policies and Procedures <input type="checkbox"/> Contract disputes <input type="checkbox"/> Rates <input type="checkbox"/> Other (can include any aspect of Wellcare Prime’s administrative functions.	<input type="checkbox"/> Denial of payment of claim (including non-payment) <input type="checkbox"/> Denial or reduction of a covered service rendered out of network, including emergency care **Non-contracted providers may file a dispute only for these reasons

Please explain if reason for dispute is marked “Other”:

Please ensure sufficient detail is provided to assist us in the review of your dispute. A copy of the Explanation of Payment (EOP) where applicable and supporting documentation must be submitted with the request.

Mail the completed Provider Dispute Form and all attachments to:

Wellcare Prime by Absolute Total Care
Attn: Provider Disputes
P.O. Box 3060
Farmington, MO 63640-3822