



# Marketplace Provider Reconsideration Request Form

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- (\*) Attach required documentation or proof to support. Incomplete forms will not be processed and returned to submitter.
- Please refer to your Molina Provider Manual for timeframes and more information.
- Please submit your request by visiting our provider portal [provider.molinahealthcare.com](http://provider.molinahealthcare.com), or fax to **1-844-808-2409**.
- Multiple claims must be from the same rendering provider and same claim issue.

### CORRECTED CLAIMS

Please send corrected claims as a normal claim submission electronically or via the Provider Portal.

### MULTIPLE CLAIMS

If multiple claims with the same denial require an appeal, attach an excel sheet.

PROVIDER INFORMATION			
Contact Person Name		Contact Person #	( ) -
Provider Group Name			
Provider Name (First and Last)			
Provider NPI		Provider Tax ID or Medicare ID #	
Provider Phone #	( ) -	Provider Fax #	( ) -

PATIENT INFORMATION			
Patient Last Name			
Patient First Name			
Patient Account #			
Patient Date of Birth	/ /	Molina Member ID	

CLAIM INFORMATION			
Line of Business	<input type="checkbox"/> Marketplace		
Claim Information	<input type="checkbox"/> Single Claim <input type="checkbox"/> *Multiple Claims		
Molina Issued Original Claim ID*			
Original Claim Amount Billed			
Service From Date	/ /	Service To Date	/ /

DENIAL REASON (Mark all applicable)	
<input type="checkbox"/> Service is not a Duplicate	<input type="checkbox"/> Coordination of Benefits (COB) Related
<input type="checkbox"/> Processed Under Incorrect Provider/Tax ID	<input type="checkbox"/> Processed Under Incorrect Member
<input type="checkbox"/> Payments – Over/ Underpayments	<input type="checkbox"/> National Correct Coding Initiative (NCCI) Edit*
<input type="checkbox"/> Timely File Limit*	<input type="checkbox"/> Eligibility Issue
<input type="checkbox"/> Authorization*	<input type="checkbox"/> Missing/ Incorrect NDC
<input type="checkbox"/> Other (Please explain):	

Additional Information :