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A complaint is a request from a health care provider to change a decision made by AmeriHealth Caritas Delaware related to claim payment or denial for services already provided. A provider complaint is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

A provider may file a written complaint no later than 12 months from the date of service or 60 calendar days after the payment, denial, or recoupment of a timely claims submission, whichever is latest.

Submitter contact information	
Name (last, first): _____	Phone: _____

Provider information	
Name (last, first): _____	Phone: _____
NPI number: _____	Tax ID: _____
<input type="checkbox"/> I am a participating provider	<input type="checkbox"/> I am not a participating provider

Member information	
Name (last, first): _____	Member date of birth: _____
Member ID: _____	

Claim information	
Claim number: _____	Billed amount: \$ _____
Dates of services: _____	

Provider Complaint Form

To ensure timely and accurate processing of your request, please complete the payment dispute section below by checking the applicable reason for your dispute.

- Inaccurate payment
- Post-service authorization denial
- Denied as a duplicate
- Clinical edit limitation or denial
- Denied for no primary payer EOB (EOB attached)
- Denied for no authorization
(service does not require authorization)
- Denied for no authorization
(authorization #_____ on file)
- Untimely filing (proof of timely filing attached)
- Complaint for issue not about claims
- Other:_____

Signature:	Date:
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Mail this form, a listing of claims (if applicable), and supporting documentation to:

AmeriHealth Caritas Delaware
Attn: Provider Complaints
P.O. Box 80101
London, KY 40742-0101

Important note: A phone inquiry regarding payment or denial of a claim does not constitute a complaint about a claim. Complaints about a claim must be submitted in writing and accompanied by this form within 365 days of the original date of service.