Provider Dispute Form

Please use this form to request a payment review when you are disputing the amount paid on a claim for a beneficiary enrolled in PSM Vital health plan.You can find the dispute and appeal rights in the Provider Guidelines. Submitting an appeal for denied services on behalf of the beneficiary is a separate process and is also explained in the Provider Guidelines and the Beneficiary Handbook.

Date: _____

Provider Information:

I am a: □ Physician □ Hospital/Facility □ Other health care professional
National Provider identification (NPI):
Tax Identification Number (TIN):
Phone Number: _____ Email: _____
Address:
Group/Facility Name (if applicable):
Contact Name:

Claim and Member Information

Control/Claim Number:	
Date of Service:	Billed Amount:
Member Name:	

Reason for dispute:

- ☐ Claims Processing
- ☐ Contract Issues
- ☐ Diagnosis Treatment Disagreement
- ☐ Payment
- ☐ Pharmacy
- ☐ Services/Procedures Denied or Reduced
- ☐ UM Denial
- ☐ UM Denial - Rx
- ☐ Other

Please include the following documentation with your request:

- This form duly and fully completed
- A statement indicating the reason for the dispute
- A copy of the original claim
- A copy of the Explanation of Payment Form showing the disputed claim payment
- Evidence of the Claim adjustment determination's outcome
- Additional information, clinical record, or documentation to support your dispute

Submission Instructions:

1. Submit your request to us within 120 calendar days of the initial determination date.
2. Send this form through the following alternatives:
    a. Email- vitalgrievancesandappeals@planmenonita.com
    b. By Fax – 787-332-0928

PO Box 364128, San Juan, PR 00936

3. Please do not include any new claims with this form.
4. Please use a separate dispute form for each claim payment dispute.
5. Information about the claim payment dispute process for contracted care providers is in the < provider agreement>.

What Happens Next? PSM Vital has fifteen (15) calendar days to review and respond to payment dispute after this form is received.

We are here to help If you have questions, please call Provider Services at 1-855-297-0140. Thank you.