



# Request for Reconsideration Form

Denied claims do not need to be adjusted or sent as a request for reconsideration. A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim is over one year old or out of timely filing.

If claim filing requirements are not met because of circumstances beyond the control of the provider, the provider can contact the fiscal agent. The fiscal agent will forward the request to the Department for review.

## Provider Request

**Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP Code:** \_\_\_\_\_

**Billing Provider NPI:** \_\_\_\_\_

**Reason for Reconsideration Request:**

**Provider Signature:** \_\_\_\_\_

**DXC Technology  
P.O. Box 30  
Denver, CO 80201**

Contact the Provider Services Call Center at 1-844-235-2387 for more information.

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Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

