Request for Reconsideration Form

Do not use this form to rebill claims or request routine adjustments. Use this form only after all routine processing procedures have been exhausted and the adverse action is the result of circumstances beyond the providers control.

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: ________________________________
Provider Telephone Number: ________________________________
Member State ID: __________ Date of Service: __________
Authorization Number (if requesting an adjustment to a paid claim): __________
Reason for Reconsideration Request:

Provider Signature: ________________________________

Magellan Health Service
Attn: Paper Claims Processing
P.O. Box 85042
Richmond, VA 23242
Fax 888-656-5102

Revised March 2019

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

www.colorado.gov/hcpf