



Claims Rework/Adjustment Request

Please submit all claim rework requests by completing one form per claim and submitting to the address listed below. If the rework request is not received within specified contract deadline for claim reconsideration, the provider forfeits the opportunity for the claim to be reviewed. All rework requests must be submitted with all the applicable documentation listed below. Please submit claim rework requests form and supporting documentation to the following appropriate address:

Arizona PacifiCare SignatureValue® (HMO), SecureHorizons, & PacifiCare SignatureEliteSM (PPO)	Colorado PacifiCare SignatureValue® (HMO), PacifiCare SignaturePOS® (POS), SecureHorizons, & PacifiCare SignatureEliteSM (PPO)	Oklahoma & Texas PacifiCare SignatureValue® (HMO), SecureHorizons, & PacifiCare SignatureEliteSM (PPO)
PO Box 52078 Phoenix, AZ 85072-2078 (480) 377-5100	HMO/SecureHorizons/POS PO Box 52064 Phoenix, AZ 85072-2064 (480) 377-5200 or TDD/TDHI 711	PPO PO Box 30970 Salt Lake City, UT 84130-0970 (480) 377-5200 or TDD/TDHI 711
		PO Box 30967 (OK) PO Box 30975 (TX) Salt Lake City, UT 84130-0967 (877) 847-2862

Physician/Provider information - **Select your State** Arizona Colorado Oklahoma Texas

Date:	Product: <input type="checkbox"/> PacifiCare SignatureValue® (HMO) <input type="checkbox"/> PacifiCare SignaturePOS® (POS) <input type="checkbox"/> PacifiCare SignatureEliteSM (PPO) <input type="checkbox"/> SecureHorizons Other:		
Physician/provider/group name:		Tax Identification number:	
Office contact name:	Phone:	Fax:	
Member name:		Member ID number:	
Date of service:	Amount of claim:	Claim number:	

Reason for Claim Rework Request

<input checked="" type="checkbox"/> Here	Type of claim issue	Supporting documentation that must be submitted
<input type="checkbox"/>	Retro authorization	Supply authorization number
<input type="checkbox"/>	Timely filing	Supporting documentation showing claim filed timely
<input type="checkbox"/>	Claim check denial	Supporting documentation (CMS) pays claim
<input checked="" type="checkbox"/> Here	Type of claim issue	Supporting documentation must be submitted
<input type="checkbox"/>	Claim not paid per contract	Copy of rate page and signature page from contract
<input type="checkbox"/>	Clinical issue	Copy of medical records
<input type="checkbox"/>	Length of stay - all days not paid	Copy of medical records
<input type="checkbox"/>	Miscellaneous code/additional description	Itemized statement or invoice
<input type="checkbox"/>	Paid to wrong physician/provider	Correct physician/provider is:
<input type="checkbox"/>	Incorrect member	Correct member is:
<input type="checkbox"/>	Other insurance	Policy name and ID number:
<input type="checkbox"/>	Copay incorrect	Should be:
<input type="checkbox"/>	Claim denied no preauthorization	Circle one: no auth needed or copy of auth attached
<input type="checkbox"/>	Check lost/Voided need to reissue	Check number is:
<input type="checkbox"/>	Corrected claim or additional charges/modifier	Corrected claim form is attached
<input type="checkbox"/>	Paid as non-contracted incorrectly	Provider contracted number & tax ID
<input type="checkbox"/>	Benefits paid/denied incorrectly	Explanation:
<input type="checkbox"/>	Denied duplicate in error	
<input type="checkbox"/>	Capped in error – Services should be paid fee for service	
<input type="checkbox"/>	Incomplete payment, check original claim form for other procedures listed	
<input type="checkbox"/>	Paid number of units incorrectly	Other – explanation below

Please provide a description of problem/issue:

Insurance coverage provided by or through PacifiCare Life and Health Insurance Company, PacifiCare Life Assurance Company or their affiliates. Health plan coverage provided by or through PacifiCare of Arizona, Inc., PacifiCare of Colorado, Inc., PacifiCare of Oklahoma, Inc., PacifiCare of Texas, Inc. Administrative services provided by PacifiCare Health Plan Administrators, Inc., UnitedHealthcare Insurance Company, United HealthCare Services, Inc., Prescription Solutions, Ingenix, Inc. or ACN Group. Behavioral health products are provided by PacifiCare Behavioral Health, Inc. (PBHI) or United Behavioral Health (UBH). Oklahoma Policy Numbers OKEOC2009, GHC-SMGRP-2006-OK, and GHC-LGGRP-2006-OK.