Geisinger

REQUEST FOR CLAIM RECONSIDERATION

PG:	
LOG#:	

This form and accompanying documentation **MUST** be submitted within 60 days from the date on the Explanation of Payment (EOP). Retain a copy for your records. Reconsiderations submitted without all the necessary documentation and/or after the 60-day limit has expired are not eligible for reconsideration and will be returned to the provider's office. **SUBMIT ONLY ONE MEMBER PER CLAIM RECONSIDERATION FORM.**

Provider name:	Date prepared:
Tax ID:	Person completing form:
Provider NPI #:	Telephone:

Member name:	Claim #:	DOS:
Member health plan ID#:	Patient account #:	DOB:

Reason for reconsideration (choose one):

- ◯ **Timely filing** – Include proof of timely filing
- ◯ **Claim edit appeals:**
  - ◯ Related to Modifiers **25, 59, XU, XE, XP, or XS** - include notes/medical records.
  - ◯ All other claim edit appeals- include notes/medical records.
- ◯ **Emergency department downcoding**
- ◯ **Authorization**
- ◯ **NDC**
- ◯ **Medical Assistance PROMISe ID**
- ◯ **Void charges** – Submit electronic void or corrected claim when applicable, vs. CRRF form
- ◯ **COB** – Attach EOP
- ◯ **EVV (Electronic Visit Verification)**
- ◯ **Other** – Dispute not listed above

Select member plan:

- ◯ **HMO**
- ◯ **PPO**
- ◯ **Geisinger Gold (Medicare)**
- ◯ **GHP Family (Medicaid)**
- ◯ **GHP Kids (CHIP)**
- ◯ **TPA (Third-Party Administrator)**

Provider comments:

Mail form to:

Claims Department Geisinger
Health Plan
P.O. Box 160
Glen Burnie, MD 21060

HEALTH PLAN USE ONLY

- ☐ Approved: reconsideration reported on EOP within 45 days of receipt.
- ☐ Reconsideration denied. Explanation:

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.