



Medicare Dispute Reopening Request

When to request a reopening:

- To correct a clerical error or omission without requesting a formal appeal
- Must be submitted within one year from the date of receipt of the Remittance Advice (RA)
- Request submitted after one year from the date of receipt only accepted if an overpayment is found
- Request completed within 60 days from the date of receipt

How to Submit:

The preferred and most efficient method is via **FAX: 562-997-1835**
 By mail, send to: SCAN Health Plan, Attn: DCR-Provider Disputes, PO BOX 22698, Long Beach, CA 90801

PROVIDER INFORMATION:

***Provider Name:**

Provider Address:

Street Address

City

Zip Code

***Tax ID#:**

***NPI#**

**Check box
if Provider:**

Contracted Provider

Non Contracted Provider

CLAIM INFORMATION:

***Member Name:**

Date of Birth (MM/DD/YYYY):

***Member ID#:**

***Member Acct#:**

Procedure Code(s):

Scan Claim #:

***Service From Date (MM/DD/YYYY):**

***Service To Date (MM/DD/YYYY):**

***Original Claim Amount
Billed:**

Claim Amount
Paid:

Expected Additional
Payment:

CORRECTIVE ACTION (PLEASE BE SPECIFIC):

Check the State where services were provided:

CA AZ NV Other State

Is the request within one year from the date of receipt of the Remittance Advice (RA)?

If no, a reason/evidence must be included to show good cause.

***Contact Name**

Title

***Phone (xxx) xxx-xxxx**

Email

***Date MM/DD/YYYY**

***Fax (xxx) xxx-xxxx**