



Claim Dispute Resolution Form

Windsor Health Plan providers must file a request for resolution of a claim dispute within 180 calendar days of the initial Windsor Medicare Explanation of Payment (EOP). Please visit our website for detailed information regarding the claim dispute process.

Complete all fields, attach appropriate documentation, and mail or fax to:

Windsor Health Plan, Inc.
Attn: Claim Dispute Resolution Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027
Fax Number: (615) 782-7823

Check Reason for Reconsideration:

- Claim denied due to untimely claim filing
- Claim paid- Rate applied resulted in underpayment/overpayment
- Claim denied requesting additional information
- Dispute of Claim Check logic application
- Dispute of claim denial due to other primary coverage
- Claim denied as not covered by Medicare/provider disputes exclusion from Medicare coverage

DATE: _____ PROVIDER NAME: _____

ADDRESS (Street, City, and Zip): _____

Tax ID: _____ PHONE # : (____) _____ FAX # : (____) _____

CONTACT NAME: _____

CLAIM INFORMATION: (Please complete one form per member.)

PATIENT NAME: _____

PATIENT ID #: WX _____ DATE(S) OF SERVICE: _____

CLAIM # _____ BILLED AMOUNT: \$ _____

REQUEST FOR REVIEW: (Indicate the reason(s) this claim should be reconsidered. If you failed to file claim timely, please explain why.)

The following attachments are required:

1. Supporting documents (Medicare EOB, Medicare Recoupment Notice, Other Carrier Remit)
2. Copy of claim form
3. Windsor Medicare Extra initial EOP
4. Proof of eligibility verification or explanation of why eligibility verification was not obtained (if applicable to reason for claim dispute)

UNTIMELY OR INCOMPLETE REQUESTS WILL NOT BE CONSIDERED.