

## 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 #: \_\_\_\_\_ 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.**