Health Plan of San Joaquin

PROVIDER DISPUTE RESOLUTION REQUEST (PDR)
Non-Contracted Providers ONLY
Note: submission *of this form constitutes agreement not to bill the patient*

Attn: Claims Department Health Plan of San Joaquin P.O. Box 30490, Stockton, CA 95213-30490

- ***Note: Contracted Providers*** *must submit a provider dispute online through the Provider Portal/ Doctors Referral Express (DRE)* https://provider.hpsj.com/dre/default.aspx

DISPUTE TYPE: Appeal of Medical Necessity/Utilization Management Decision

- Description: *Original claim denied because of a denied authorization or partial authorization*

PROVIDER INFORMATION

Rendering Provider/Facility Name:	NPI #
Pay to Affiliate Name:	Contact Name:
Provider Billing Address:	Phone #
City/State:	Zip Code:

MEMBER INFORMATION

Patient Name:	HPSJ ID#	☐ Primary ☐ Secondary
Patient Date of Birth (DOB):	Patient Acct. #	

CLAIM INFORMATION (*Send only one PDR form per claim)*

Claim #:	Service Date(s):	☐ IP ☐ OP ☐ PRO
Amt Billed:	Amt Paid:	Expected Amt:
Authorization #:	Second Level Appeal: ☐ Yes ☐ No	Clinical Documentation: ☐ Yes ☐ No
☐ Inpatient ☐ Outpatient/Pro	Denied Day(s):	
Denied Services:	Level of Care:	Description:

ADDITIONAL INFORMATION

Signature _____ Date _____