



**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: Contract/Rate Dispute**

■ Description: *Original claim did not pay per Contract or MCL Rate(s)*

**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#	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Patient Date of Birth (DOB):	Patient Acct. #	

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

Claim #:	Service Date (s):	<input type="checkbox"/> IP <input type="checkbox"/> OP <input type="checkbox"/> PRO
List Services:	2)	3)
Rate Paid:	Expected Rate:	Supporting Documents: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amt Paid:	Expected Pay Amt:	

**ADDITIONAL INFORMATION**

Signature

Date

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