Health Plan of San Joaquin | Mountain Valley Health Plan

PROVIDER DISPUTE RESOLUTION REQUEST (PDR)

Note:* submission *of this form constitutes agreement not to bill the patient

Non- Contracted Providers ONLY

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: Seeking Resolution of a Billing Determination

- ■ Description: *Do not agree with claim and/or claim line denial*

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):	Check One: ☐ IP ☐ OP ☐ PRO
Denial Description(s):	2)	3)
Service(s) Denied:	2)	3)
Expected Pay Amt:		

- ***NOTE: If denial was for additional documentation submit via Correspondence Cover Page***

ADDITIONAL INFORMATION

Signature _____ **Date** _____