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: Recovery Request Dispute

- Description: *A letter was received regarding an identified overpayment and you do not agree with the determination*

PROVIDER INFORMATION

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

RECOVERY REQUEST INFORMATION

RU#_____ # of Claims _____

DISPUTE REASON:

- ☐ **Check/Recoupment Already Applied**
- ☐ **CCS Denied**
- ☐ **Coordination of Benefits**
- ☐ **Disagree with findings: Coding/Rates/Other**

- *Note: Copy of Recovery Request Letter and supporting documentation must be attached*

ADDITIONAL INFORMATION

Signature _____ Date _____