Health Plan of San Joaquin | Mountain Valley Health Plan

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 for other qualifying supplemental payments through the Provider Portal/ Doctors Referral Express (DRE)* *https://provider.hpsj.com/dre/default.aspx*

DISPUTE TYPE: Seeking Resolution of an add-on QAF/GEMT Supplemental Payment

- Description: Do not agree with the amount supplemental and/or denial of supplemental payment

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:	
List Services:		
Rate Paid:	Expected Rate:	Supporting Documents: ☐ Yes ☐ No
Amt Paid:	Expected Pay Amt:	

ADDITIONAL INFORMATION

Signature _____ Date _____