



CalOptima Health

Provider Service Authorization Dispute Request

This form should be used to dispute a service authorization denial or a reduction, suspension or termination of a previously authorized service. This form is NOT to be used for claim/billing issues or disputes.

For claim/billing issues or disputes, please complete the claims dispute form found on www.caloptima.org

*Please note: Timely filing for a service authorization dispute is 60 days from the date of the authorization denial or 365 days from claim notification for Medi-Cal and 120 days for Medicare.

PROVIDER INFORMATION			
PROVIDER NAME		NATIONAL PROVIDER IDENTIFIER (NPI)	
STREET ADDRESS			
CITY		STATE	ZIP
CONTACT PERSON FOR DISPUTE FOLLOW-UP		PHONE	
MEMBER INFORMATION (A separate form must be completed for each member)			
MEMBER NAME			
DATE OF BIRTH		MEMBER ID (CIN)	
AUTHORIZATION NUMBER		SERVICE DATE FROM:	TO:
REASON FOR DISPUTE (A detailed explanation must be provided)			
<input type="checkbox"/> INCORRECT CRITERIA/MEDICAL POLICY UTILIZED			
<input type="checkbox"/> GOOD CAUSE FOR FAILURE TO OBTAIN AUTHORIZATION (PLEASE SPECIFY)			
<input type="checkbox"/> INCORRECT INFORMATION PROVIDED BY THE MANAGED CARE ORGANIZATION (MCO)			
<input type="checkbox"/> MEMBER ELIGIBILITY CONCERN			
<input type="checkbox"/> OTHER (PLEASE SPECIFY)			

TO SUBMIT BY
MAIL:

**CalOptima Health
Provider Clinical Disputes/GARS
505 City Parkway West
Orange, CA 92868**

TO SUBMIT BY
FAX:

714-954-2321

Reminder: Attach additional supporting information for your dispute. If clinical information is not submitted with the dispute form, your request will not be accepted. The processing time for provider service dispute resolution requests is 30 calendar days from receipt of the request.