



SENIOR WHOLE HEALTH

Simple. Secure. Independent.

Provider Payment Dispute and Adjustment Request

Complete this form and attach the appropriate documentation. All incomplete submissions will be returned.

Today's date:
Provider Name:
Contact Name:
Telephone Number:
Contact Address:

SWH Member ID Number:
SWH Claim Number:
Date of Service(s):
SWH Provider Remittance Advice Date:

Reason for the Payment Dispute and Adjustment Request (check all that apply):

- Corrected Claim
 Office Notes or Operative Notes
 Invoice Attached
 Proof of Timely Filing
 SWH Remittance Advice (With claim (s) circled)

Additional description of the claim dispute or reason for an adjustment request:

Additional Information:

1. Incorrect claim billing information should be made by completing the Provider Payment Dispute and Adjustment Request form and checking off the "Corrected Claim" box on the form. It should be noted on this form what the correction(s) are and a new Claim Form must be attached reflecting the corrections made.
2. Office/Medical/Operative Notes for procedure codes that are unlisted in CPT/HCPCS, and therefore are necessary to adjudicate the claim.
3. Proof of purchase cost "Invoice Attachment" for an item that requires this to be paid.
4. Claim denied for timely filing limit, and there is proof that claim had been submitted to an incorrect health plan for payment consideration. SWH will then base its timely filing rule using the date on the explanation of payment from the health plan to the time we receive the claim. You must complete the "Provider Payment Dispute and Adjustment Request" and check off "Proof of Timely Filing" on the form and attach a copy of the denial from the incorrect carrier as proof that you were submitting the claim to the wrong health plan.
5. For claim adjustments involving multiple members that are for the same adjustment reason they can be submitted using one "Provider Payment Dispute Form" and attaching a copy(ies) of the Provider Remittance Advice that reflect the incorrectly paid claim(s).

Senior Whole Health
Claims Department
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