



Review / Reopening Form

Today's Date

Should you wish to dispute a claim denial or claim payment amount, you may request a review of the claim by submitting a Review/Reopening Form. Please ensure this form is filled out in its entirety along with copies of all supporting documentation and mail to address below.

Mail To: iCare Medicare and iCare Medicaid
P. O. Box 660346
Dallas, TX 75266-0346

Type of Provider (select one)	Medicare Non-Contracted	Checklist of items required (If any item from the list is not included, submission may be delayed or dismissed)
	Medicare Contracted	
	Medicaid Non-Contracted	
	Medicaid Contracted	

- Explanation of Payment (EOP)
- Copy of Claim or Supporting Documentation

NOTE: Any Medicaid claims related to a Family Care Partnership member may not utilize the review/reopening request. These requests will need to be submitted as a corrected claim or a formal appeal.

Provider Name:

NPI:

TIN:

Billing Address:

Contact Name:

Contact Phone #:

Contact Address:

Member First Name:

Member Last Name:

iCare Member ID#:

Member DOB:

Claim#:

From Date of Service

To Date of Service

Billed Amount:

Reason given for denial (check all that apply)

- Authorization Denials
- Not Prior Authorized
- Benefit Denials
- Incidental / Mutually Exclusive/ Mutually Unlikely
- Other

- Timely Filing
- Out of Network
- Invalid Code

Reason For Request

Note: For Appeal information please refer to the iCare website and Provider Reference Manual.

Signature:

Date: