

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. Determinations will be made within 60 days of receipt.

Mail To: iCare Medicare and iCare
Medicaid P. O. Box 280 Glen
Burnie, MD 21060-0280

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.

- Type of Provider (select one)**
- Medicare Non-Contracted
 - Medicare Contracted
 - BC+/SSI Medicaid Non-Contracted
 - BC+/SSI Medicaid Contracted

Checklist of items required (If any item from the list is not included, submission may be delayed or dismissed)

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

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: