



Provider Dispute Resolution Request (PDR)

Note: submission of this form constitutes agreement not to bill the participant

- **Contracted providers:** Please submit your request through our portal at <https://welbehealth.quickcap.net/> > Click on the PDR module (left hand side) > PDR Submission/Search > Add (then complete all the required fields).
- **Non-contracted providers:** Please complete and send this form (*all fields required*) and any pertinent documentation via fax: (626) 498-2099
ATTN: PDR Department
Must include the proper dispute form and documentation needed for review and processing.

PROVIDER INFORMATION

Rendering Provider/Facility Name: _____ NPI: _____
 Pay to Affiliate Name: _____ Contact Name: _____
 Provider Billing Address: _____ Phone #: _____
 City/State: _____ Zip Code: _____

PARTICIPANT INFORMATION

Participant Name: _____ Welbe ID#: _____
 Participant Date of Birth: _____ Patient Acct. #: _____

Contract Dispute: Claim did not pay per contract rates/terms

Appeal of Medical Necessity/Utilization Management Decision: Previously requested and denied authorization or partial authorization/different LOC/LOS, date span, quantity, etc.

Seeking Resolution of a Billing Determination: Do not agree with claim or claim line(s) processing/denial

Recovery Dispute: A letter was received regarding an identified overpayment, and you do not agree with the determination.

- If the provider wishes to contest the notice of reimbursement of overpayment it must be within thirty (30) working days of the initial Recovery Request letter.

If denial was for additional information only, do not submit using this form. Please submit via Correspondence Cover Page.

CLAIM INFORMATION

WelbeHealth Claim #: _____
 Service Date(s): _____
 Expected Pay Amount: _____

ADDITIONAL DISPUTE INFORMATION

Signature

Date