



## PROVIDER CLAIMS DISPUTE REQUEST FORM

This form is for all providers disputing a claim with Secure Transportation. Requests must be received within 90 calendar days from date of original remittance advice. Please allow for 60 days to process this reconsideration request.

Submit this completed form with any and all supporting documentation to Secure Transportation:

Email: [Encounters@SecureTransportation.com](mailto:Encounters@SecureTransportation.com)

Mail: 3780 Kilroy Airport Way # 220, Long Beach, CA 90806

### SECTION 1 – GENERAL INFORMATION

Claim Number One Request Per Form		Member ID#	
Member Name:		Date of Service:	
Provider Name:		Billed Charge(S):	Contact:
Provider TIN	NPI	Provider Phone#	Provider Fax #

### SECTION 2 – TYPE OF CLAIM DISPUTE

Category of Claim Dispute	
Provider: Please Check all Applicable Reasons and Attach Supporting Documentation	
<input type="checkbox"/> <b>Member</b> Processed Under Incorrect Member	<input type="checkbox"/> <b>Provider</b> Processed Under Incorrect Provider/Tax ID Number
<input type="checkbox"/> <b>Under/Over Payment</b> Explain the Reasoning	<input type="checkbox"/> <b>Timely Filing</b> Attach Supporting Documentation that Claim was Submitted to Secure Transportation Timely
<input type="checkbox"/> <b>Service is Not a Duplicate</b> Explain the Reasoning	<input type="checkbox"/> <b>Post Authorization Reference Number</b> Attach Reason(s) and Proof of Due Diligence that Post Authorization Reference Number Could Not be Obtained
<input type="checkbox"/> <b>Other</b> Please List Reason:	
Comments:	
For Internal Use Only: Appeal ID:  Resolution:	

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