Amerigroup
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https://providers.amerigroup.com

Provider Payment Dispute and Correspondence Submission Form

This form should be completed by providers for payment disputes and claim correspondence only. If you are completing this form for a Medicare member and the member has potential financial liability, you must include a completed CMS *Waiver of Liability* form.

Enrollee/member information:	
Name:	
DOB:	ID number: ☐ Medicaid ☐ Medicare ☐ FCS
Provider information:	
Name:	NPI number:
Provider status: ☐ Participating ☐ Nonparticipating	
Address:	
City, State ZIP:	
Phone:	
Contact information:	
Name:	Phone:
Dispute information:	
Claim number:	Authorization number:
Billed amount: $	Amount received: $
Start date of service:	End date of service:
Payment dispute:	
A payment dispute is a dispute between the provider and Amerigroup Washington, Inc. regarding a claim determination in which the enrollee/member cannot be held financially liable. All disputes with member liability must follow the applicable appeals process. Please refer to your *Explanation of Payment* to ensure the correct process is followed.	
Check the appropriate dispute type: ☐ First-level dispute ☐ Second-level dispute	
Indicate the payment dispute reason(s) in the space provided. You may attach an additional sheet if necessary. Please include appropriate medical/FCS records.	
Claim correspondence:	
Claim correspondence is defined as a request for additional information in order for a claim to be considered clean or processed correctly or for a payment determination to be made.	
Check the appropriate box: ☐ Itemized bill/medical records (in response to an Amerigroup claim denial or request) ☐ Corrected claim — other insurance/third-party liability information/other correspondence	
Indicate the reason(s) for your correspondence. You may attach an additional sheet if necessary. Please include appropriate medical/FCS records. ____________________ ____________________ ____________________ ____________________	
Mail this form and supporting documentation to the following address:	Amerigroup Washington, Inc. Payment Disputes P.O. Box 61599 Virginia Beach, VA 23466-1599