

Payment Dispute Decision (PDD) Request Form

Fill out all sections as required. Missing or incomplete information may result in your request being dismissed as invalid.

This form is to be submitted to C2C *after* the MAO's provider payment dispute process has been followed.

| Provider Contact Information | | |
|---|--|--|
| Provider Name: | | |
| Provider Correspondence Address: | | |
| Street | | |
| City | ST | Zip |
| StreetCityTelephone number | Email | @ |
| Pricing Information | | |
| NPI number: and CCN | N or OSCAR number for | institutional providers: |
| ZIP Code where services were rendered: | | |
| Physician Specialty, if dispute is on a physician | sician claim | |
| Medicare Advantage Organization (MAO) | name: | |
| Plan name/number: | | |
| Provider is deemed; or Provider | r is non-contracted | |
| Note: Contracted providers may not use thi | is independent payment d | spute resolution process |
| Pageon for Poyment Dispute a deser | intion of the specific is | 2010 |
| Reason for Payment Dispute – a description of the specific issue (A separate attachment may be utilized if necessary) | | |
| (71 Separate attachment may be atmized in | noocoodiy) | |
| The following information MUST be sult 1. Copy of the provider's claim which 2. Copy of the MAO's original payme 3. Copy of the MAO's payment disput 4. Any supporting documentation and MAO's payment is not correct (this reflecting payment from Original M 5. Appointment of Provider Represert Requester's Information Name: | n was submitted to MAC ent determination (remitt te decision (redetermin d correspondence that s s may include interim ra dedicare on similar or id | with disputed portion identified ance advice) ation) support your position that the te letters and/or documentation entical services) |
| Title and Company name: | | |
| Street Address | City | ST 7IP |
| Relationship to Provider | Oity | S1ZII |
| Telephone number | Fmail | @ |
| | | |
| Requester's Signature: | | Date Signed: |
| For electronic submissions only, in lie | u of a signature: | |

C2C Solutions Inc.
Payment Dispute Resolution Contractor
P.O. Box 44017, Jacksonville, Florida 32231-4017
Fax (904) 361-0551 PDRC@C2Cinc.com

By checking this box, I certify that I have proper authorization to submit this payment dispute on

behalf of this provider.