AdventHealth
Advantage Plans

6450 U.S. Highway 1
Rockledge, FL 32955
myAHplan.com

Provider Claim Dispute Request

INSTRUCTIONS:

- All provider disputes must be submitted within six months from the date of original determination, or 12 months for Medicare.
- Use one form for each disputed claim.
- Provide a clear rationale and any additional documentation (such as medical records) to support your claim.
- Allow 30 days to elapse before checking the status of your dispute.
- Mail this form to the address below or complete it online in our provider portal:

AdventHealth Advantage Plans
Claims Resolution Unit
6450 US Highway 1
Rockledge, FL 32955

myAHplan.com/myportal

PROVIDER INFORMATION:

Provider Name:	Phone Number:	Billing Address:

PATIENT INFORMATION:

Patient Name:	Member ID#:	Date of Birth:

CLAIM INFORMATION:

Date of Service:	Amount Billed:	Amount Paid:	Claim# and Procedure Code:

DISPUTE INFORMATION:

Denial Reason:
___ Additional information needed
___ Authorization not obtained
___ Benefit maximum exceeded
___ Bundling/Unbundling
___ Coding
___ Coordination of benefits
___ Duplicate claim
___ Member eligibility
___ Not contracted for service
___ Pre-X exclusion
___ Timely filing

Payment Issue:
___ Contractual amount
___ Under/Overpayment
___ Member cost-share

Describe your desired outcome and why you feel it is appropriate. **Attach supporting documentation.**

___ Check here if additional information is attached.

AdventHealth Advantage Plans
Health First Health Plans

6450 U.S. Highway 1
Rockledge, FL 32955
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Authorized Representative Name (please print) **Title** **Date**

Health plan use only:

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