



# Medicare Dispute Reopening Request

### When to request a reopening:

- To correct a clerical error or omission without requesting a formal appeal
- Must be submitted within one year from the date of receipt of the Remittance Advice (RA)
- Request submitted after one year from the date of receipt only accepted if an overpayment is found
- Request completed within 60 days from the date of receipt

### How to Submit:

\*\*\*The preferred and most efficient method is via **FAX: 562-997-1835\*\*\***  
 By mail, send to: SCAN Health Plan, Attn: DCR-Provider Disputes, PO BOX 21543 Eagan, MN 55121

### PROVIDER INFORMATION:

**\*Provider Name:**

Provider Address:

Street Address

City

Zip Code

**\*Tax ID#:**

**\*NPI#**

**Check box  
if Provider:**

Contracted Provider

Non Contracted Provider

### CLAIM INFORMATION:

**\*Member Name:**

Date of Birth (MM/DD/YYYY):

**\*Member ID#:**

**\*Member Acct#:**

Procedure Code(s):

Scan Claim #:

**\*Service From Date (MM/DD/YYYY):**

**\*Service To Date (MM/DD/YYYY):**

**\*Original Claim Amount  
Billed:**

Claim Amount  
Paid:

Expected Additional  
Payment:

### CORRECTIVE ACTION (PLEASE BE SPECIFIC):

**Check the State where services were provided:**

CA AZ NV Other State

**Is the request within one year from the date of receipt of the Remittance Advice (RA)?**

**If no, a reason/evidence must be included to show good cause.**

**\*Contact Name**

**Title**

**\*Phone (xxx) xxx-xxxx**

**Email**

**\*Date MM/DD/YYYY**

**\*Fax (xxx) xxx-xxxx**