



Request for Reconsideration Form

Do not use this form to rebill claims or request routine adjustments. Use this form only after all routine processing procedures have been exhausted and the adverse action is the result of circumstances beyond the providers control.

Denied claims do not need to be adjusted or sent as a request for reconsideration. A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim is over one year old or out of timely filing.

If claim filing requirements are not met because of circumstances beyond the control of the provider, the provider can contact the fiscal agent. The fiscal agent will forward the request to the Department for review.

Provider Request

Provider Name: _____

Street Address: _____

City, State, ZIP Code: _____

Billing Provider NPI: _____

Provider Telephone Number: _____

Member State ID: _____ **Date of Service:** _____

Authorization Number (if requesting an adjustment to a paid claim): _____

Reason for Reconsideration Request:

Provider Signature: _____

Magellan Health Service
Attention: Paper Claims Processing
P.O. Box 85042
Richmond, VA 23242
Fax 888-656-5102

Revised December 2020

