



Provider Dispute Resolution Form

Instructions

If you have not previously addressed this issue, please call: Health First Health Plans - 1.844.522.5282/AdventHealth Advantage Plans - 1.844.522.5278 to speak with a representative. This matter should undergo a preliminary review before filing a dispute.

Filling out this completed form will constitute a provider initiating a formal Dispute with Health First Health Plans/AdventHealth Advantage Plans and will trigger our Dispute Resolution Process.

Please complete this form and mail to:

Health First Health Plans/AdventHealth Advantage Plans P.O. Box 66490

Phoenix, AZ 85082-6490

Fax: 1.888.977.2062

Provider Informa	ation – Fill out all fields.									
Provider Type	☐ Physician☐ Ambulance☐ Assisted Living Facility	☐ Anxilliary ☐ Home Health ☐ Other (Please s	specify):	☐ Hospital ☐ Rehabilitation Center			☐ Ambulatory Surgical Center☐ Durable Medical Equipment			
Provider Name		Provider NPI				Provider Tax ID Number				
Provider Address			Suite/FL#	1	City	Cour	nty	State	Zip code	
Phone		Fax					Email address			
Dispute Type - 0	Choose one.	' 								
Dispute Type	☐ Contracted rate ☐ Claims messages ☐ Other (Please specify):	☐ Timely filing ☐ Benefits decision ☐ Out-of-network review ☐ Prompt payment ☐ Health plan refund request ☐ Request for additional info							on	
Disputed Claim	Information – Include the follow	ving information al	bout the claim i	n disput	te.					
Patient Name		Patient's Health Plar	n ID Number			Claim	ID			
Dates of service										
Dispute Descrip	tion									
	porting documentation is enclosed. You't how you would like this be resolved.	ved:								