OPTUM

Provider Name: _____ ISS #: _____

PROVIDER DISPUTE RESOLUTION REQUEST (For use with multiple "LIKE" claims)

	Member Information				Claim Information		1st level of reconsideration	2nd level of reconsideration				Provider Information			
	Member Last	Member First	Date of Birth	Member ID	Claim ID	Date of Service	Comm #	Comm #	Billed Amount	Paid Amount	Claims Status	Provider Name	Provider NPI	Provider TIN	Provider Comments
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