

**MDX Hawai'i Medicare Advantage Plans
Provider Claim Reconsideration Form**

Use of this form is to initiate a Provider Reconsideration Request. We require one form per patient, and it is required with each request.

Provide us with the details of your request (**all fields must be completed, or the reconsideration will be dismissed as incomplete**):

Provider Information	
Provider Name:	Address (where correspondence should be sent):
Name of Contact:	
Phone of Contact:	
Provider Tax ID Number:	
NPI Number:	
Patient Information	
Patient Name (First and Last Name):	
Member Subscriber Number:	
Date of Birth:	
Reconsideration Information	
Authorization/Referral or Claim Number:	Date of Service(s):
Billed Amount:	Denial Date:
CPT/Rev Code(s):	ICD Code(s):
Detailed Description of Reconsideration Request (or attach letter):	

Attach your supporting documents:

- Copy of Authorization/Referral
- Supporting documents such as clinical documentation (not previously considered) or corrected claim.

Please mail, email or fax your request to:

Mail: ATTN PROVIDER RECONSIDERATION
MDX HAWAII
500 ALA MOANA BLVD STE 2200
HONOLULU HI 96813-4993

Email: compliance@mdxhawaii.com

Fax: (808) 535-8837 on O'ahu or toll-free at 1-800-844-7522

You have 60 days from the original date of denial or claim payment to submit your reconsideration request. This applies to a denial letter or Provider Remittance Advice (PRA) dated April 1, 2018 or later. A written decision will be made within 60 days from the initial receipt date of your request. If you have any questions, please contact our Provider Services Call Center at (808) 532-6989 on O'ahu, or toll-free at 1-800-851-7110, Monday through Friday from 8:00 a.m. to 5:00 p.m. (Hawai'i Standard Time).