PASSPORT
BY MOLINA HEALTHCARE

Provider Appeal Form

All fields must be completed to successfully process your Medicaid or Marketplace request. Missing or incomplete forms will not be processed and returned to the sender. Please attach all pertinent documentation to this form.

Appeal Submission Methods:

- Online Portal: www.Availity.com (Preferred Submission Method)
- Fax: 1-866-315-2572
- Mail: Appeals & Grievances
  Molina Healthcare, Inc.
  PO Box 36030
  Louisville, KY 40233-6030
- Email: MHK_Provider_GnA@molinahealthcare.com

Claims Denied for Missing/Additional Documentation:

Claims denied for missing or additional documentation requirements such as consent forms, invoices, explanation of benefits from other carriers, or itemized bills are not considered claim appeals. To process your claim, these documents, along with a claim, must be received by the claims department within timely filing requirements. Do not include a provider appeal form with a claim submission. Please mail claims denied for missing or additional documentation to:

KY Medicaid Claims Passport by Molina Healthcare PO Box 36090 Louisville, KY 40233	KY Marketplace Claims Passport by Molina Healthcare PO Box 43433 Louisville, KY 40253

Provider Information	
Provider/Group Name:	NPI:
Contact Person:	Contact Phone #, Fax # and Email:

Member Information	
Member Name:	Member ID:

Claim Information/Authorization Information
Claim ID (Only one claim per appeal form):
Billed Amount:
Date of Service:
Authorization ID (If Applicable):

Appeal Reason	
☐Untimely claim filing (Proof of timely filing must be included)	☐Authorization
☐Coding	☐Payment Dispute
☐Other/Comments:	