

Untimely Filing Waiver Request



Prevea360 Health Plan requires all providers to submit bills according to the limit specified in their contract. To request review of claims submitted past this limit, Prevea360 Health Plan requires this form be completed, in its entirety, and the required supporting documentation be provided.

DOCUMENTATION REQUIRED:

- A. Copy of Claim (for processing purposes only) and
B. Electronic Claims Transmission Confirmation Report (ECT) or
C. Paper Claim Receipt Confirmation Report or
D. Rejected Claims Report (previously-Error Recycle Deleted Record Report) or
E. If patient error, proof of timely billing to patient and/or date insurance information was received from patient

Note: Without one of the items "B-E" your request will not be approved.

PROVIDER NAME \_\_\_\_\_ VENDOR# \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

PATIENT'S MEMBER # \_\_\_\_\_

DATE(S) OF SERVICE \_\_\_\_\_

CLAIM NUMBER(S), IF APPLICABLE \_\_\_\_\_

DETAILED EXPLANATIONS OF REASON FOR UNTIMELY FILING:

Multiple horizontal lines for providing detailed explanations of reason for untimely filing.

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This form should only be used for untimely filing requests. Please see your manual for timely filing guidelines.

For Prevea360 use only: Date Reviewed \_\_\_\_\_ Initials: \_\_\_\_\_
Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_