

Date: _____

Claim Resubmission Form

The Claim Resubmission Form should be used to **correct** a rejected claim for which no Explanation of Benefits Statement was issued (i.e. EDI rejection letter or TCHP rejection letter was issued).

Section 1

Member Name: _____

Member ID Number _____

Date of Service: _____

Section 2

Please check the reason (s) for resubmission:
(One form per claim)

_____ Date of Birth Corrected

_____ Member Name/ID Number Corrected

_____ Gender Corrected (for EDI rejection)

_____ Date of Service Added

_____ Number of Units Added

_____ Rendering Physician Name Added

_____ Bill Type Added (UB92 Only)

_____ Legible Claim attached

Other: _____

Electronic claims can be resubmitted electronically if the claim is resubmitted within 95 days of the date of service. Electronic claims that are not within 95 days of the date of service should be resubmitted on paper using the Resubmission Form. You must attach the electronic copy of the claim or the original claim with the TCHP rejection letter attached as proof of timely filing.

Paper claims should be resubmitted using the Resubmission Form. You must attach proof of timely filing.

Resubmitted claims must be sent via U.S. Mail or electronically. Fax submissions will not be accepted.