

Payment Dispute Process

A provider has the right to file a payment dispute if he or she disagrees with a claim decision regarding the denial or payment of a claim. Registered providers may submit commercial claim adjustments using our secure provider website. If you are not a registered user of our website, go to [Provider Login](#) and follow the instructions. Adjustment requests can be made online for the following reasons:

- **Correct one or more claims**
- **Dispute a denial or /compensation/reimbursement amount**
- **Return funds to Tufts Health Plan**

After your web transaction has been completed, you will receive a tracking number. If you are sending us paper documentation to support the adjustment, be sure to include the online tracking sheet so that the claim is processed accurately. Refer to the [Provider Payment Dispute Policy](#) for more information.

For claims that are not adjustable online, you will see a message indicating that the claim is not adjustable and you must fill out and mail this form or the [Universal Request for Claim Review](#) form to Tufts Health Plan.

A separate dispute form — along with any supporting documentation — must be submitted for each adjustment. **All incomplete submissions will be returned.**

For information on submitting Tufts Medicare Preferred HMO corrected claims electronically, refer to the [Provider Payment Dispute Policy](#).

Note: Do not include any previously unprocessed claims with your payment dispute forms. Refer to the [Claims Submission Policy](#) for information about the submission of new/original claims and **do not** submit this form for adjustments initiated online. If you are submitting paper documentation that corresponds to an online claim adjustment, be sure to submit the online tracking sheet.

Today's date: _____

Provider Name:	Tufts Health Plan Provider ID Number:
Member ID Number:	Contact Name:
Contact Phone Number:	Contact Address:

This dispute is for the following product (**check one**):

- HMO, POS*, or PPO*
- Tufts Health Plan
 Provider Payment Disputes
 PO Box 9190
 Watertown, MA 02471-9190
- Including EPO, Commonwealth PPO and CareLinkSM-Tufts Health Plan as Primary Administrator
- US Family Health Plan
 Provider Payment Disputes
 P.O. Box 9195
 Watertown, MA 02471-9900
- Tufts Health Plan Medicare Preferred
 Provider Payment Disputes
 P.O. Box 9162
 Watertown, MA 02471-9162

Supporting documentation (**check and submit all that apply**):

- Corrected claim
- Invoice attached
- Office notes attached
- Operative notes attached
- Proof of timely filing
- Radiology/pathology report(s)
- SOA/EOB with claim circled
- Typed letter of medical necessity explaining why the service was necessary

Message/Pay Code:	
If no message/pay code, state action requested:	
Number of claims disputing:	