Total Care

A Today's Options® of New York Health Plan

Member Services: 1-800-223-7242
totalcareny.com

Request for Claim Adjustment/Claim Time Limit Appeal Form

DATE:_____

PROVIDER NAME: _____

PROVIDER ID#: _____

MEMBER NAME:_____

MEMBER ID#:_____

CONTROL#/CLAIM #: _____

DATE OF SERVICE: _____

PAYMENT DATE: _____

Please check reason for the adjustment request:

- ❑ Number of Units in field 24g of the HCFA 1500 form not applied
- ❑ Modifier in field 24d of the HCFA 1500 form not applied
- ❑ Claim originally denied incorrectly for referral
- ❑ Claim originally denied incorrectly for Prior Authorization
- ❑ Incorrect Inpatient DRG number and payment. DRG# should have been: _____ Reimbursement should have been: $_____
- ❑ Medicare Co-pay and/or deductible amount(s) not applied
- ❑ Claim incorrectly denied for Total Care, A Today's Options® of New York Health Plan eligible member
- ❑ Refund check sent to Total Care, A Today's Options® of New York Health Plan and payment also retracted on Explanation of Payment Statement

5232 Witz Drive | North Syracuse, NY 13212-6501

- ❑ Claim processed as payment (P6 or P7) no payment received
- ❑ Incorrect Reimbursement- expected reimbursement is: $_____
- ❑ Duplicate payment- please: ☐ retract payment or ☐ Provider check is enclosed
- ❑ Claim overpaid- please: ☐ retract payment or ☐ Provider check is enclosed
  Reason overpaid: _____
- ❑ Claim paid by other insurance
  Name of other Insurer:_____
- ❑ Not our patient for service date indicated
- ❑ Not over the time limit – see documentation attached
- ❑ Other_____

Please mail or fax this form and all supporting documentation to:
Total Care, A Today's Options® of New York Health Plan
5232 Witz Drive
North Syracuse, NY 13212-6501
Fax #: 315-234-9812

Total Care, a Today's Options® of New York Health Plan, is a member of the Universal American family of companies.