CLAIMS RESUBMISSION FORM

CalOptima Health

MUST BE TYPED ☐ Resubmission ☐ Claim Inquiry

PROVIDER NAME/ ADDRESS:

Telephone #

TAX ID #

PROVIDER/LICENSE #

CLAIM TYPE: CHECK ONE BOX ONLY

☐ **HOSPITAL INPATIENT**

☐ **PHYSICIAN**

☐ **HOSPITAL OUTPATIENT/CLINIC**

☐ **PROFESSIONAL DME/MED SUPPLIES**

☐ **LTC/HOSPICE**

☐ **CHDP/PM160**

Mail To Address:

CalOptima Direct
ATTN: CLAIMS RESUBMISSION
P. O. BOX 11037
ORANGE, CA 92856

***DO NOT USE FOR ANY RELATED CROSSOVER CLAIMS**

PLEASE COMPLETE ALL APPLICABLE INFORMATION REQUESTED BELOW

LINE	PATIENT'S/MEMBER'S NAME	MEMBER ID #/ SSN	CLAIM CONTROL #	DATE OF SERVICE	PROC/MOD CODE	AMOUNT BILLED	ATTACH-MENT
01							☐
02							☐
03							☐
04							☐
05							☐
06							☐

REMARKS: CORRECTIONS OR ADDITIONAL INFORMATION BY LINE NUMBER IS NECESSARY TO RECONSIDER PREVIOUSLY DENIED CLAIMS LISTED ABOVE.

This is to certify that the above information is true, accurate and complete.

Signature of provider or authorized representative Date

CALOPTIMA DIRECT CLAIMS

INSTRUCTIONS

CLAIMS RESUBMISSION / TRACERS

IMPORTANT NOTICE:

A CalOptima Direct provider may resubmit previously adjudicated claims, paid or denied, for reconsideration **within 6 months** of the date of the CalOptima Remittance Advice (RA) containing the adjudicated claims.

Tracers

Tracer Claims will not be accepted without a completed Resubmission Form attached, with the "Claim Inquiry" checked.

Providers should follow these procedures prior to submitting a TRACER claim:

- If you are submitting TRACERS for a Claims Inquiry it is recommended for a faster turnaround time to CALL our Claims Inquiry Unit (714) 246-8885 [between the hours of 8:00 a.m. – 4:00 p.m.] for a claim status; OR

Resubmission

The following steps are required when completing a Claim Resubmission Form (CRF) for all inquiry types:

- Complete (Provider Name/Address, Provider Number and Claim Type);
- A complete CalOptima Claims Resubmission Form;
- A copy of the original claim form with corrections;
- A copy of the CalOptima Remittance Advice (RA) with the original claim highlighted;
- Copies of the supporting documentation, with the original claim number prominently displayed on the top of the copies, should be attached to the CRF;
- Sign and date the bottom of the form and submit the signed, original copy of the CRF and all attachments to CalOptima. CRFs Submitted without a signature will be returned to the provider.

CalOptima will review all claim resubmission requests submitted in compliance with these guidelines within forty-five (45) days of receipt of a resubmission request.

The resubmission package should be addressed as follows:

CalOptima
Attn: Claims Resubmission
P.O. Box 11037 Orange CA 92856