ConnectiCare
VIP Medicare Plans

Claim Resubmission Request Form (VIP Medicare plans only)

INSTRUCTIONS:
- This form is required when submitting a claim adjustment or corrected claim in paper form.
- If the claim was previously denied, but is within the 180 day filing limit, you may resubmit electronically. Otherwise, please submit with this form.
- Be sure to use a separate form for each request.

Date Requested

Claim #

Date of Service

Member Name

Member ID #

NDC# or formula HCPC, if applicable

Provider Name:

Contact Name:

Contact Phone:

Did you receive any payment for the claim noted above, including any amounts for which the member is responsible (i.e., deductible)? Please select the appropriate "Yes" or "No" box below.

○ Yes.

Check only one (1) box below to describe the reason for your request. Attach a corrected CMS 1500/UB04 as applicable.

- ☐ Late charges
- ☐ Authorization (new/revised)
- ☐ Modifier (added/multiple)
- ☐ Incorrect date of service
- ☐ Incorrect provider
- ☐ Incorrect procedure code
- ☐ Incorrect amount billed
- ☐ Other - please explain; be specific:

○ No.

Check only one (1) box below to best describe the reason for your request. A corrected CMS 1500/UB04 must be attached in order to process your request.

- ☐ Corrected location
- ☐ Resubmitted with primary carrier EOP/EOB
- ☐ Other - please explain; be specific:
- ☐ Added/revised 1st modifier
- ☐ Added/revised 2nd modifier

Send to: ConnectiCare
Attn: Claims - Resubmission Request
P.O. Box 4000
Farmington, CT 06034-4000

If you have any questions, please call Provider Services at 1-877-224-8230.