



Instructions

If you have not previously addressed this issue with Oscar, please call 855-OSCAR-55 to speak with a representative. This matter should undergo a preliminary review before filing a dispute.

Filling out this completed form will constitute a provider initiating a formal Dispute with Oscar and will trigger Oscar's Dispute Resolution Process.

Please complete this form and mail to:

Oscar Health Plan, Inc.
P.O. Box 52146
Phoenix, AZ 85072-2146

Please call Oscar at 855-OSCAR-55 if you want to check on the status of your dispute.

Provider Information - Fill out all fields.

Form with fields for Provider Type (Physician, Anxilliary, Hospital, etc.), Provider Name, NPI, Tax ID, Address, Suite/FL #, City, County, State, Zip code, Phone, Fax, and Email address.

Dispute Type - Choose one.

Form with radio button options for Dispute Type: Contracted rate, Timely filing, Benefits decision, Out-of-network review, Claims messages, Prompt payment, Health plan refund request, Request for additional information, and Other.

Disputed Claim Information - Include the following information about the claim in dispute.

Form with fields for Patient Name, Patient's Oscar ID Number, Claim ID, and Dates of service.

Dispute Description

Check here if supporting documentation is enclosed. Please be specific about how you would like this be resolved:

Large text area for providing a detailed description of the dispute and the desired resolution.