Provider Dispute Resolution Form - **California**

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 of California
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.

Provider Type

- ○ Physician
- ○ Anxilliary
- ○ Hospital
- ○ Ambulatory Surgical Center
- ○ Ambulance
- ○ Home Health
- ○ Rehabilitation Center
- ○ Durable Medical Equipment
- ○ Assisted Living Facility
- ○ Other (Please specify): _____

Provider Name	Provider NPI	Provider Tax ID Number

Provider Address	Suite/FL #	City	County	State	Zip code

Phone	Fax	Email address

Dispute Type - Choose one.

Dispute Type

- ○ Contracted rate
- ○ Timely filing
- ○ Benefits decision
- ○ Out-of-network review
- ○ Claims messages
- ○ Prompt payment
- ○ Health plan refund request
- ○ Request for additional information
- ○ Other (Please specify): _____

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

Patient Name	Patient's Oscar ID Number	Claim ID

Dates of service

Dispute Description

○ Check here if supporting documentation is enclosed.

Please be specific about how you would like this be resolved: