Payment Dispute Decision (PDD) Request Form

Fill out all sections as required. Missing or incomplete information may result in your request being dismissed as invalid.
This form is to be submitted to SCAN ***after*** the 1st level provider payment dispute process has been followed.

Provider Contact Information

Provider Name: ______________________________

Provider Correspondence Address:

Street: ______________________________

City/State/Zip: ______________________________

Telephone: ______________________ Email: ______________________

Pricing Information

NPI number: ____________________ Zip code where services were rendered: __________

Physician Specialty (if dispute is a physician claim) ______________________

Provider is ☐ Deemed ☐ Non-contracted

Note: Contracted providers may not use this payment dispute resolution process

Reason for Payment Dispute – a description of the specific issue:

The following information *MUST* be submitted with this form:

1. Copy of provider's claim submitted to Payer with disputed portion identified
2. Copy of Payer's original payment determination (remittance advice)
3. Copy of Payer's payment dispute decision (redetermination)
4. Any supporting documentation and correspondence that support your position that the Payer's payment is not correct (this may include interim rate letters and/or documentation reflecting payment from Original Medicare on similar or identical services)
5. Appointment of Provider Representative Authorization Statement, if applicable

Requester's Information

Name/Title: ______________________________

Company Name: ______________________________

Street Address: ______________________________

City/State/Zip: ______________________________

Relationship to Provider: ______________________________

Telephone: ______________________ Email: ______________________

Requester's Signature: ______________________________ Date: ______________

SCAN Health Plan
Attention: Claims – 2nd Level Appeal
P. O. Box 22698 | Long Beach, CA 90801-5698
Fax: 562-426-2150