



Claim Inquiry Process

Advanced Health has formalized a process for handling provider claim inquiries. To request review or disposition of a claim, please follow the procedures listed below:

- 1) Contact Professional Claims at 541-269-0567, Option 1
- 2) Contact Hospital/Facility Claims at 541-269-0567, Option 2
- 3) If you have numerous inquiries, please fax Advanced Health Claims Department with attached "Claim Status Inquiry Form" to: 541-266-0141.
- 4) Please allow 45 days from original claim submission before requesting a claim inquiry.
- 5) Advanced Health will respond back to providers on all claim inquiries within 7-10 business days.

Corrected Claims: If your claim was denied for incorrect dates of service, incorrect/missing modifiers, incorrect/missing procedure/diagnosis code, incorrect count, no authorization/referral, missing NDC number, etc., or the claim/authorization was denied for untimely filing limit and you have records that show claim was submitted timely, please submit a corrected claim.

Claim Appeals: If your claim has been denied for any other reason than what is listed above please review the Claim Appeal Process or contact Advanced Health Provider Appeals at 541-269-7400 for more information on the claim appeal process

Note: Use of a third party recovery agent for inquiries may limit the amount of information we can share under HIPAA rules.