



CLAIMS RESUBMISSION FORM

MUST BE TYPED

Resubmission

Claim Inquiry

PROVIDER NAME/ ADDRESS: Telephone # TAX ID # PROVIDER/LICENSE #	CLAIM TYPE: CHECK ONE BOX ONLY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> HOSPITAL OUTPATIENT/CLINIC <input type="checkbox"/> LTC/HOSPICE	<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PROFESSIONAL DME/MED SUPPLIES <input type="checkbox"/> CHDP/PM160	Mail To Address: CalOptima Direct ATTN: CLAIMS RESUBMISSION P. O. BOX 11037 ORANGE, CA 92856
---	---	--	--	---

*DO NOT USE FOR ANY RELATED CROSSOVER CLAIMS

PLEASE COMPLETE ALL APPLICABLE INFORMATION REQUESTED BELOW

LINE	PATIENT'S/MEMBER'S NAME	MEMBER ID #/ SSN	CLAIM CONTROL #	DATE OF SERVICE	PROC/MOD CODE	AMOUNT BILLED	ATTACH- MENT
01							
02							
03							
04							
05							
06							

REMARKS: CORRECTIONS OR ADDITIONAL INFORMATION BY LINE NUMBER IS NECESSARY TO RECONSIDER PREVIOUSLY DENIED CLAIMS LISTED ABOVE.

This is to certify that the above information is true, accurate and complete.

Signature of provider or authorized representative

Date



CalOptima
Better. Together.

CALOPTIMA DIRECT CLAIMS INSTRUCTIONS

CLAIMS RESUBMISSION / TRACERS

IMPORTANT NOTICE:

A CalOptima Direct provider may resubmit previously adjudicated claims, paid or denied, for reconsideration **within 6 months** of the date of the CalOptima Remittance Advice (RA) containing the adjudicated claims.

Tracers

Tracer Claims will not be accepted without a completed Resubmission Form attached, with the “Claim Inquiry” checked.

Providers should follow these procedures prior to submitting a TRACER claim:

- If you are submitting TRACERS for a Claims Inquiry it is recommended for a faster turnaround time to CALL our Claims Inquiry Unit (714) 246-8885 [between the hours of 8:00 a.m. – 4:00 p.m.] for a claim status; OR

Resubmission

The following steps are required when completing a Claim Resubmission Form (CRF) for all inquiry types:

- Complete (Provider Name/Address, Provider Number and Claim Type);
- A complete CalOptima Claims Resubmission Form;
- A copy of the original claim form with corrections;
- A copy of the CalOptima Remittance Advice (RA) with the original claim highlighted;
- Copies of the supporting documentation, with the original claim number prominently displayed on the top of the copies, should be attached to the CRF;
- Sign and date the bottom of the form and submit the signed, original copy of the CRF and all attachments to CalOptima. CRFs Submitted without a signature will be returned to the provider.

CalOptima will review all claim resubmission requests submitted in compliance with these guidelines within forty-five (45) days of receipt of a resubmission request.

The resubmission package should be addressed as follows:

CalOptima
Attn: Claims Resubmission
P.O. Box 11037 Orange CA 92856