



# Provider Claims Reconsideration Form

If you are submitting a claim for reconsideration, please complete this form and submit it to the address noted on the second page of this form, within 90 days of claim processed date.

Submit the reconsideration form and include only relevant documentation to support your request. Examples of supporting documentation include: OHI PRAs, proof of timely filing to a VA payer (only VA, Optum, or TriWest), claim form, claim rejection letter, or any other information to support your request for reconsideration. Attach additional pages/spreadsheet if needed.

**Important: You must complete this form in full. Incomplete or missing information could result in reconsideration denial. Only requests submitted with credible reasons will be considered. Do not include any medical records with this request.**

CCN      PC3

Reason for Provider Reconsideration Request (select one):

Authorization      Pricing      Timely Filing      Other (please specify on page 2)

Date of Reconsideration Request:

## Provider Information

Provider Name:

National Provider Identifier (NPI):

Tax Identification Number (TIN):

Billing Street Address:

City:      State:      Zip:

## Provider Contact Information

Provider Contact Name:

Contact Phone:      Contact Email:

Check if the same as Billing Address:      Address:

City:      State:      Zip:

## Veteran Information

Last Name:      First Name:

ICN, EDIPI, or last four of SSN:      Date of Birth:

## Claim Information

VA Authorization Number:      Authorization Validity Dates:

VAMC:      Claim Number:

Date(s) of Service:



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## Reconsideration Request Explanation

Provide details to support your request for reconsideration of your claim(s). Use a separate page if required.

## Submission Process

1. Complete this form in full. Print out the completed form and include appropriate justification.
2. Do not submit any medical records.
3. Reconsideration Requests must be submitted within 90 days of claim processed date.

**Mail to:** TriWest CCN Claims  
P.O. Box 42270  
Phoenix, AZ 85080-2270

**Questions?** Contact 877-226-8749

**\*Reconsideration review may take 30-45 days.**  
**Upon completion, approved requests will be paid.**  
**Denied requests will receive written notification.**