



Claim Resubmission- Medical Records Process

December 1, 2014

Dear Valued Provider,

Claim Submission Tips

If your claim was denied for additional information or corrections, it is considered a **Resubmission**.

A resubmitted claim must be received within twelve (12) months of the date of service.

When resubmitting a claim, it is important to:

- Include a copy of the claim with all lines that were originally billed.
- Attach the requested documentation (**medical records**, primary Explanation of Benefits, etc)
- Stamp or a legible notice that the claim is a “ Resubmission”
- Report the denied claim number or the claim reference number (CRN)

Please refer to the Health Choice Arizona Provider Manual for further details on claims submissions and correcting claim errors.

We hope that you find this information useful. If you have questions or need further assistance please contact your Provider Service Representative at 480-968-6866.

Sincerely,

Provider Network Operations