PASSPORT
BY MOLINA HEALTHCARE

Provider Appeal Form

All fields must be completed to successfully process your Medicaid or Medicare request. Missing or incomplete forms will not be processed. Please attach all pertinent documentation to this form.

Appeal Submission Methods:

- SKYGEN Dental Hub: https://app.dentalhub.com/app/login (Preferred Submission Method)
- USPS to:

  KY Dental Claims
  Passport by Molina Healthcare
  PO Box 2136
  Milwaukee, WI 53201

Claims Denied for Missing/Additional Documentation:

Claims denied for missing or additional documentation requirements such as consent forms, invoices, explanation of benefits from other carriers, or itemized bills are not considered claim appeals. To process your claim, these documents, along with a claim, must be received by the claims department within timely filing requirements. Do not include a provider appeal form with a claim submission.

Provider Information	
Provider/Group Name:	NPI:
Contact Person:	Contact Phone #, Fax # and Email:
Member Information	
Member Name:	Member ID:
Claim Information/	
Claim ID (Only one claim per appeal form):	
Billed Amount:	
Date of Service:	
Authorization ID (If Applicable):	
Appeal Reason	
☐ Untimely claim filing (Proof of timely filing must be included)	
☐ Coding	☐ Payment Dispute
☐ Other/Comments:	