Dental Provider Claim Appeal Form

All fields must be completed for your request to be processed. Forms that are missing information will be returned and not processed. Please include all required documentation with this form.

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 claim appeal form with a claim submission. Please mail claims denied for missing or additional documentation to:

- Molina Dental Services Claims
  PO Box 2136
  Milwaukee, WI 53201

Provider Claim Appeal Submission Methods:

- SKYGEN Dental HUB: https://app.dentalhub.com/app/login (Preferred Submission Method)
- USPS to:
- Molina Healthcare of Nebraska, Inc
  PO Box 649
  Milwaukee, WI 53201

Provider Information	
Provider/Group Name:	NPI:
Contact Person:	Contact Phone # - Fax # - Email:
Member Information	
Member Name:	Member ID:
Claim Information	
Claim ID (only one claim per appeal form):	
Authorization ID (if applicable):	
Billed Amount:	Date of Service:
Appeal Reason	
☐ Benefit Limitation Exceeded	☐ Authorization/Medical Necessity
☐ Underpayment	☐ Bundling/Unbundling
☐ Untimely claim filing (Proof of timely filing must be included)	☐ Other
Comments:	