



REQUEST FOR TIMELY FILING REVIEW

We will consider circumstances beyond a provider's or member's control that resulted in delayed submission of claims on a case-by-case basis. Please use this form to request a review of your or your patient's contractual timely filing limit. **Note:** You must provide supporting documentation with this request.

IMPORTANT: If you, as a participating provider, fail to file claims within your contractual timely filing limit, you cannot bill Univera Healthcare members for covered services associated with those claims.

Request Date:	Provider Name:	Provider Billing or Tax ID #:
Subscriber Name:	Subscriber ID Number: (include prefix and suffix)	Subscriber's Date of Birth:
Member Name	Member Phone Number and/or E-mail:	
Claim Number or Charged Amount:	Date of Service:	Procedure Code:
Provider Office Contact Name	Provider Office Contact Phone Number and/or E-mail:	

Requestor:

Participating Provider

Claim Information:

This claim has never been submitted to Univera Healthcare.

This claim has already been submitted to Univera Healthcare at least once.

"Complete" or "Clean" Claim was submitted to Univera Healthcare within the timely filing limit (attach copy of electronic acceptance report or other **evidence that the claim was billed multiple times on different dates**)

Claims originally submitted to another carrier (attach copy of other carrier's EOB, EOP or remittance).

Claims originally billed to the member as "self pay" (attach information that indicates how and when you found out the member had Univera Healthcare insurance)

Claim was originally paid by another carrier who has retracted its payment due to Univera Healthcare being determined as primary (attach copy of EOB, EOP, remittance or notice of retraction)

Claim involves subrogation/workers' compensation/no-fault or Medicare exhausted benefits (attach copy of other carrier's EOB, EOP or remittance)

Medicare is primary for this claim (attach copy of other carrier's EOMB, where applicable)

Other type of timely filing reconsideration (attach copy of supporting documentation)

Forward completed form and documentation within 120 days of Remittance.

Mail this form and attachment(s) to:

**Univera Healthcare
PO Box 211256
Eagan, MN 55121**