



## Reconsideration and Dispute Quick Reference Guide

### Participating Providers

	Level I Dispute (Reconsideration)	Level II Dispute (Claim Dispute)
<b>Deadline to Submit</b>	Within 180 calendar days from the date of the original EOP or denial.	Within 180 calendar days from the date of the updated EOP or denial.
<b>How to Submit</b>	<p><b>Provider Portal:</b> Navigate to the claim detail then Claim Reconsideration</p> <p><b>Call Customer Service:</b>            HMO 1-800-977-7522            DSNP 1-844-796-6811            PPO 1-800-977-7522            (TTY: 711)</p> <p><b>Mail completed <a href="#">form</a>** and attachments to:</b></p> <p style="text-align: center;">Wellcare By Allwell            Attn: Request for Reconsideration            PO Box 3060            Farmington, MO 63640-3822</p>	<p><b>Provider Portal:</b> Navigate to the claim detail then Claim Dispute</p> <p><b>Mail completed <a href="#">form</a>** and attachments to:</b></p> <p style="text-align: center;">Wellcare By Allwell            Attn: Claim Dispute            PO Box 4000            Farmington, MO 63640-4400</p>
<b>Resolution Details</b>	<p><b>Notification Type:</b> Revised EOP</p> <p><b>Timeline:</b> 30 calendar days</p>	<p><b>Notification Type:</b> Revised EOP</p> <p><b>Timeline:</b> 30 calendar days</p>

*\*\*Choose the appropriate form based on par or non-par status.*