



Humana Healthy Horizons in Ohio Claim dispute submission form

The Humana Healthy Horizons in Ohio® Provider Relations team resolves provider service issues specific to Ohio claims only. The preferred method for submission of disputes is through Availity Essentials™, our secure provider portal, at www.availity.com. However, if you are unable to do so, please complete this form and submit to the email address below.

Email provider service issues to the Humana Healthy Horizons in Ohio Provider Relations team at **OHMedicaidProviderRelations@humana.com**.

Our Medicaid Provider Relations team will acknowledge receipt of the email within 5 business days and will provide a reference number.

Provider name			
Provider Tax Identification number			
Contact name			
Contact phone No.		Contact email	

Patient name (last, first)			
Humana member ID		Claim number	
Date of service		Discharge date of service	
Dispute reason			
Total charge		Additional payment expected	
Humana-only section			
Additional amount paid		Amount overpaid	
Claim reprocessed date			
Check/electronic funds transfer (EFT) No.		Check/EFT date	

Humana
Healthy Horizons®
in Ohio

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.
764104OH0625 OHMPPMEN_0625

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