

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 Identificati	on number
Contact name	
Contact phone No.	Contact email

Patient name (l	ast, first)						
Humana memb	per ID			Claim numb	er		
Date of service				Discharge da	ate of service		
Dispute reason							
Total charge		A	dditional p	ayment expe	ected		
		ŀ	Humana-o	nly section			
Additional amount paid				Amount ove	erpaid		
Claim reprocess	sed date						
Check/electroni	c funds tr	ansfer (EFT) No.			Check/EFT d	ate	

Humana

Healthy Horizons. in Ohio

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc. 7641040H0625 OHHMPPMEN_0625

Patient name (last, first)						
Humana member ID			Claim numb	er		
Date of service		Discharge date of service				
Dispute reason						
Total charge	Ad	ditional p	ayment expe	ected		
	H	umana-o	nly section			
Additional amount paid			Amount ove	erpaid		
Claim reprocessed date						
Check/electronic funds tr	ansfer (EFT) No.			Check/EFT d	ate	

Patient name (la	st, first)						
Humana member ID				Claim numb	er		
Date of service				Discharge da	ate of service		
Dispute reason							
Total charge		Ad	dditional p	ayment expe	ected		
		H	lumana-o	nly section			
Additional amou	unt paid			Amount ove	rpaid		
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st)						
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H	lumana-o	nly section				
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Claim reprocessed date						
s transfer (EFT) No.			Check/EFT d	ate		
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Patient name (la	ast, first)							
Humana member ID				Claim numb	er			
Date of service		Discharge date of service						
Dispute reason								
Total charge		Ad	lditional p	ayment expe	ected			
		Н	umana-o	nly section				
Additional amount paid				Amount ove	erpaid			
Claim reprocess	sed date							
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Patient name (le	ast, first)						
Humana memb	oer ID			Claim numb	er		
Date of service				Discharge da	ate of service		
Dispute reason							
Total charge		Ac	dditional p	ayment expe	ected		
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Claim reprocess	sed date						
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Patient name (la	ast, first)						
Humana member ID				Claim numb	er		
Date of service				Discharge da	ate of service		
Dispute reason							
Total charge		Ac	lditional p	ayment expe	ected		
		н	lumana-o	nly section			
Additional amo	unt paid			Amount ove	erpaid		
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Humana member ID				Claim numb	er		
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Patient name (le	ast, first)						
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Dispute reason							
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Additional amount paid				Amount ove	erpaid		
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Additional amo	unt paid			Amount ove	erpaid		
Claim reprocess	ed date						
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Patient name (la	ast, first)							
Humana member ID				Claim numb	er			
Date of service		Discharge date of service						
Dispute reason								
Total charge		A	dditional p	ayment expe	ected			
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Additional amount paid				Amount ove	erpaid			
Claim reprocess								
Check/electroni	c funds tro	ansfer (EFT) No.			Check/EFT d	ate		

Patient name (la	ast, first)								
Humana member ID				Claim number					
Date of service				Discharge date of service					
Dispute reason									
Total charge		Ad	ayment expe	ected					
Humana-only section									
Additional amount paid				Amount overpaid					
Claim reprocessed date									
Check/electronic funds transfer (EFT) No.					Check/EFT d	ate			

Patient name (la	ast, first)								
Humana member ID				Claim numb	er				
Date of service				Discharge date of service					
Dispute reason									
Total charge	Additional p			ayment expe	ected				
Humana-only section									
Additional amount paid				Amount overpaid					
Claim reprocessed date									
Check/electronic funds transfer (EFT) No.					Check/EFT d	ate			