

**NORTH EAST MEDICAL SERVICES - MSO
PROVIDER DISPUTE RESOLUTION REQUEST**

INSTRUCTIONS	
<p>1. Complete the form below. Fields with an asterisk (*) are required. 2. Mail the completed form and supporting documents to NEMS MSO:</p> <p style="text-align: center;">North East Medical Services (NEMS) Attn: MSO Provider Claims Dispute 1710 Gilbreth Rd Burlingame, CA 94010</p>	<p>Medi-Cal Claim Disputes: All claim payment disputes are submitted to NEMS MSO.</p> <p>Medicare Claim Disputes: NEMS MSO only accepts first-level provider disputes requests. Second-level disputes and appeals must be submitted directly to the health plan.</p>
*Provider Name:	*Provider NPI:
*Provider Address:	*Provider Tax ID:

CLAIM INFORMATION	
*Original Claim Number:	Claim Type: <input type="checkbox"/> Professional <input type="checkbox"/> Facility/Institutional
Original Claim Amount Billed:	Original Claim Amount Paid:
* Service "To & From" Date(s):	
*Patient Name:	*Date of Birth:
*Member Health Plan ID #:	Member's Health Plan:

DISPUTE DETAILS			
<p>* Reason for Dispute:</p> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Claim Underpayment <input type="checkbox"/> Claim Overpayment <input type="checkbox"/> Authorization On File <input type="checkbox"/> Non-Duplicate Claim <input type="checkbox"/> Covered Services</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Retrospective Eligibility <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Disputing Request for Reimbursement of Overpayment <input type="checkbox"/> Other (please indicate): _____</td></tr></table>		<input type="checkbox"/> Claim Underpayment <input type="checkbox"/> Claim Overpayment <input type="checkbox"/> Authorization On File <input type="checkbox"/> Non-Duplicate Claim <input type="checkbox"/> Covered Services	<input type="checkbox"/> Retrospective Eligibility <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Disputing Request for Reimbursement of Overpayment <input type="checkbox"/> Other (please indicate): _____
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<p>* Description of Reason for Dispute (be specific and attach necessary additional information for review):</p> 			
<p>* Expected Outcome:</p> 			

Contact Name (please print)	Title	Phone Number
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Contact Mailing Address (For acknowledgement/resolution letter and request for additional information)

Email Address	Fax Number	Date
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[] CHECK HERE IF ADDITIONAL
INFORMATION IS ATTACHED

Rev. 2025.06

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Provider Dispute Resolution (PDR) Frequently Asked Questions (FAQs)

1. **Question:** Do I need to submit a PDR on a Medi-Cal claim 'denied' for missing information?

Answer: A Medi-Cal claim 'denied' for missing information is considered a contested claim. A contested claim is one that NEMS MSO cannot adjudicate or accurately determine liability because more information is needed from the provider at the time the claim was reviewed.

Such claims DO NOT qualify for the Provider Dispute Resolution Mechanism and should be resubmitted within the claim's submission timeframe as a corrected claim. Please include a brief explanation of the error either noted on the claim or as an attachment.

If your claim was contested by NEMS MSO because it is **missing an invoice, EOB, notes, or reports, the additional documentation may be submitted directly to us by email (mso-info@nems.org) or fax (866-930-2290) for review.** Please note that claims timely filing limits are still applicable, and missing items must be submitted within the claims timely filing limit.

2. **Question:** NEMS MSO overpaid our claim. Do I need to submit a dispute?

Answer: If there was any overpayment made, please mail a check to refund the overpaid amount to the following address. On the check, please reference to the claim number and service code:

NEMS MSO
Attn: Claim Refunds
1710 Gilbreth Road
Burlingame, CA 94010

3. **Question:** How long do I have to submit a dispute to an original claim decision?

Answer:

- For Medi-Cal Claims, providers have up to 365 days from NEMS MSO's last action on the claim to submit a dispute.
- For Medicare claims, providers have up to 120 days from NEMS MSO's last action on the claim to submit a dispute.

4. **Question:** How do I check the status of a PDR?

Answer: To check the status of the PDR, please send an email to mso-info@nems.org. Make sure to indicate the dispute number or claim number with service information.