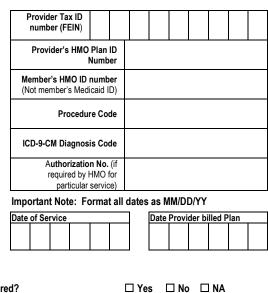
FIS 0278 (12/23) Department of Insurance and Financial Services

Medicaid Clean Claim Report

You may file this report for an individual claim if it is a payable clean claim.

It must be filed electronically with an HMO for a Medicaid-covered service for a Medicaid member.

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Services (Medicaid)? The settlement of this claim. Any such attacks in settlement of this claim.	
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Phone Number:	
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⊔ Yes ⊔ No								
6A. Date of 1st Denial by HMO								
7C. Date 2 nd claim submitted								

☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No ☐ NA

7D. Date of 2 nd Denial by HMO							

When report is complete,

Fax to: 517-284-8838

or return by mail to:

DIFS - Office of Appeals, Legal Research, and Market Regulation PO Box 30220

Lansing, MI 48909-7720

or by delivery service to:

DIFS - Office of Appeals, Legal Research, and Market Regulation 530 W. Allegan Street, 7th Floor Lansing, MI 48933

or by email to:

DIFS-HealthAppeal@michigan.gov

PA 187 of 2000 as amended requires submission of this form by any provider seeking relief for clean claims not paid in a timely manner as described in the act.



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