

A non-contracted provider must file the dispute in writing within 60 calendar days from the date of the notice of the organization determination.

Please send your written requests containing all of these elements:

- Provider contact information, including name and address;
- Pricing information, including NPI number (and CCN/OSCAR number for institutional providers), zip code where services were rendered, and physician specialty;
- The reason for the dispute and a description of the specific issue;
- Copy of the provider's claim as submitted to the organization for payment with the disputed portion identified;
- Copy of the organization's original pricing determination (the remittance advice);
- Chart notes
- Any documentation or correspondence that supports the provider's position that the organization's reimbursement is not correct (this may include interim rate letters, where appropriate.
- The name and signature of the provider or the provider's representative.

Your requests can be faxed to 503-243-5105 Attn: ODS Advantage non-contracted Provider Appeals

Your requests can be mailed to:

ODS Health Plan, Inc.
Attn: ODS Advantage non-contracted Provider Appeals
P.O. Box 40384
Portland OR 97240-0384

If you have questions about submitting your written appeal please call ODS Advantage at 1-877-299-9062, Monday through Friday from 7 am to 8 pm, Pacific time. TTY users call 1-800-433-6313