

Clover is your partner in health.

Sample Provider
Provider Department
1234 State Street

November 28, 2018

Dear Office Manager:

Clover Health received a claim for services rendered to one of our members. The Utilization Management Department at Clover Health is requesting supporting medical records to determine medical necessity for the service rendered. The details of the received claim can be found below:

Patient Name: John Doe
Date of Birth: 11/27/2018
Patient Account: ABC123

Facility: Local Clinic
Department: Clinic Dept
Date(s) of Service: 01/01/2018 - 01/01/2019
Claim Number: 0123456789

Please provide copies of any relevant medical records pertaining to the date of service listed above. This includes, but is not limited to, admission orders, lab orders, radiology results, and any clinical review notes by the attending physician. Please fax or mail records to:

Mail:
Clover Health
Attn: Claims Medical Review
PO Box 471
Jersey City, NJ 07303

Fax:
877-429-0514
claims@cloverhealth.com

If we do not receive these medical records by , your claim will be denied for a lack of clinical documentation. You will have the right to request a reconsideration of this denial. Out-of-network providers in particular should know they have 60 days from the date of their remittance notice to request this reconsideration.

For in-network providers, please refer to your contract or the Provider Manual for information on the

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dispute process. If you have any questions about the importance of these medical records for the processing of your claim, please call us at 1-877-853-8019.

Thank you,

Clover Health

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal.

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