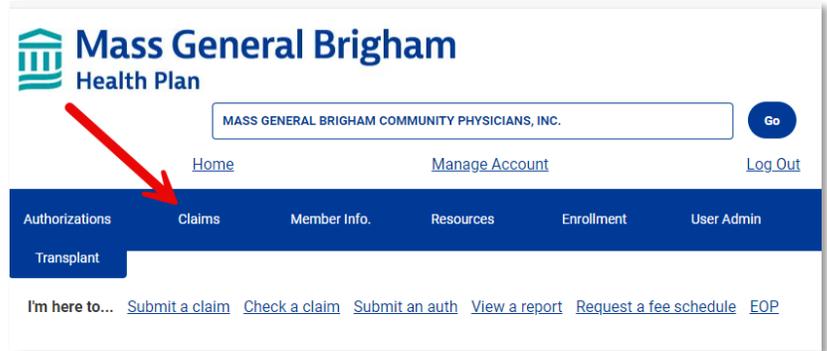
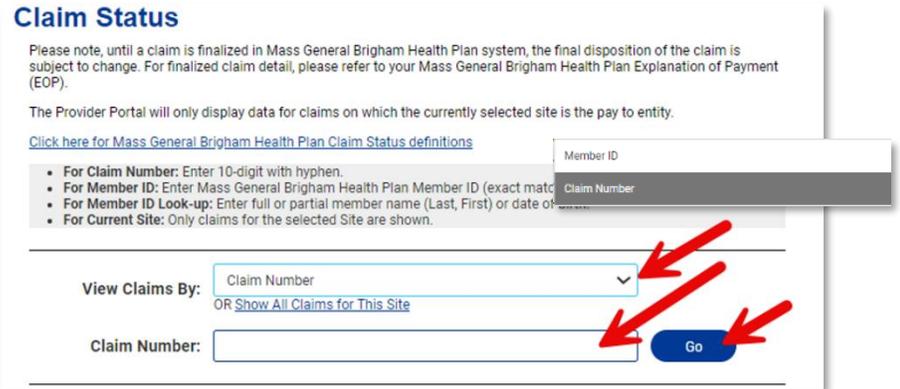


# Request for Claim Review Process via the Provider Portal

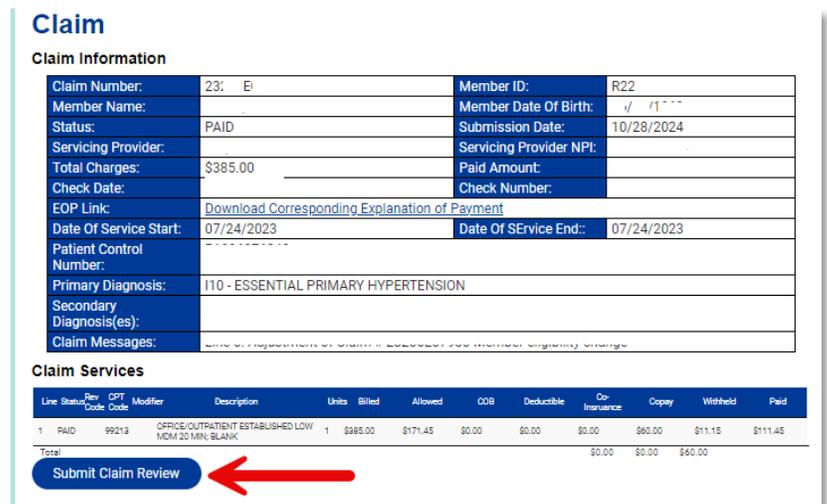
1. On the Provider Portal homepage, select **Claims** and then **Check a Claim**.



2. Select to view claim by **Member ID** or **Claim Number**. Enter the Member ID or Claim Number and select **Go**.



3. Within the appropriate claim, select **Submit Claim Review** at the bottom of the page.



4. Enter all required information in the **Request for Claim Review Form**.

**Important notes:**

- A **claim review form** must be completed and attached to this request. Please add any other supporting documentation for review to the claim review form and **upload as one document**.
- If previous correspondence has been submitted to Mass Geneneral Brigham Health Plan, we ask that you not resubmit via the Correspondence Portal.
- Please indicate if this is a duplicate submission and the reason why.

### Request for Claim Review Form

COMPLETE ALL INFORMATION REQUIRED ON THE "REQUEST FOR CLAIM REVIEW FORM".  
INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

Please direct any questions regarding this form to the lan to which you submit your request for claim review.  
[Download a claim review form here.](#) 

This is a duplicate submission.

Reason for second submission:

**Provider Information**

Provider Name:

Contact Name:

NPI:

Contact Phone:

Contact Fax:

Contact Email:

**Contact Address Information**

Address:

City:

State:

Zip:

5. Select appropriate **Review Type** from the dropdown menu.
6. Next to Upload Document, select **Choose Files** to attach the **claim review form**. Please add any other supporting documentation for review to the claim review form and **upload as one document**.
7. Select **Submit**. Once your request has been submitted you will receive a Transaction ID for your records.

**Member/Claim Information**

Member ID:

Member Name:

Date of Service:

Claim Number:

Denial Code:

**Review Type**

Review Type:

Comments:

Upload Document  No file chosen 



8. Track your Submissions in the Provider Portal.

### Claim Submitted Reviews

Claim Number	Member Id	Member Name