

ID #:
Claim #:
Dept:
Date:
From:

The attached claim could not be processed because of incomplete or omitted information. Please take the appropriate action checked below and electronically submit your claim. If you do not have the capability to submit electronically, send your claim to Magellan Complete Care of Virginia, 1 Cameron Hill Circle, Suite 52, Chattanooga TN 34702-0052. To set up electronic submission, please contact Magellan Complete Care of Virginia's **eBusiness** at (800) 424-4524 Option 2, Mon. – Fri. 8:00 a.m. to 7:00 p.m. (ET).

- The patient does not have an active medical policy with Magellan Complete Care of Virginia.
- The services should be submitted on the following form:
 - Hospital Form CMS-1450 Physician Form CMS-1500 Other - Attached
- Provide: Provider's name with title and/or Provider's Address
- Provide patient's date of birth/age:
- Recheck charges amount:
- Provide exact date of service:
- Provide the diagnosis (*Narrative and/or ICD-10 Code*).
- Provide NDC (*National Drug Code*), name, quantity, and strength for the prescription drug(s).
- Provide a description of this charge or service:
- Verify the subscriber's identification number.
- These charges were received after our administration of the group's medical policy terminated. Magellan Complete Care of Virginia run-out has expired. Please contact the patient's employer to determine the new group administrator.
- This Explanation of Benefits (EOB) is for a duplicate claim. Please provide a copy of the original EOB which indicates the payment made.
- Obtain the provider's signature acknowledging verification of accuracy.
- Furnish the provider's individual provider identification number in block
- The attached claim appears to be a photocopied or altered claim.
If a photocopy, please resubmit the original claim or receipt. If altered, we cannot accept altered claims.
- Please update your billing system to reflect the provider's correct billing address in Block 33 of the CMS-1500 claim form or in Form Locator 1 of the CMS-1450 claim form
- Other:

Your claim will receive prompt attention once the requested information is received. Thank you.