

TRICARE DISPUTE RESUBMISSION FORM

If a Manufacturer disagrees with the Defense Health Agency's (DHA) decision regarding resolved disputes, the Manufacturer may request to resubmit their disputes. The request for resubmission must be submitted within **30 days** from the date the Manufacturer was notified of the dispute outcome. All requests must include new documentation pertaining to the disputes in question.

INSTRUCTIONS

Requests for resubmission must include this completed form and be submitted by email with all supporting documentation to dha.ncr.healthcare-ops.mbx.ufvarr-requests@health.mil.

Disputes should only be resubmitted after considering the following:

- If the manufacturer believes the DHA has made an incorrect decision based on supporting documentation not available at the time the dispute was originally submitted.
- If the manufacturer believes the information/data used by the DHA is incorrect.

Manufacturer Name:	Labeler:	Billing Quarter:
Description of Reason for Resubmission: Please provide thorough description of why the Manufacturer is requesting a resubmission.		

Provide Excel spreadsheet of disputes to be resubmitted with the following headings:

Claim Number	Dispute Code	Dispute Reason
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Name (Manufacturer POC)

POC Email Address

POC Phone Number

Signature

Date