



MDOC Denial Medical Record Submission

Did you receive a denial code **(252 and/or M127)** for missing medical documentation (MDOC)? Please only use this form in response to 252 and/or M127 denial codes.

Please attach all supporting documentation behind this form prior to submitting. Submit this completed form and supporting documentation by fax to 1-985-898-1505.

Note: This form and fax line is not to be used for any other documentation submission.

Claim Information

Today's Date _____ Date of Service _____

Service Type Medical Pharmacy Claim Number _____

If documentation is required for both Medical and Pharmacy lines on claim, then please submit a form for Medical and Pharmacy separately with the same claim number.

Provider Information

Billing Provider NPI _____ Provider Name _____

Office Contact _____ Contact Email _____

Contact Phone _____ Office Contact Fax Number _____

Member Information

Member Name _____ Member Date of Birth _____

Member ID Number _____ Medical Record Number _____

Contact Phone _____ Office Contact Fax Number _____

Notes
