



Today's Date: _____

Submit provider disputes through Santa Clara Family Health Plan's [online form](#) or mail this completed form to:
Santa Clara Family Health Plan, Attn: Provider Dispute Resolution Unit, P.O. Box 18880, San Jose CA 95158.

- Multiple "Like" claims are for the same provider and dispute but different members and dates of service. If filing multiple "Like" claims please complete the [Provider Dispute Form](#) found on the SCFHP provider forms web page and submit with this form.
- Fields with an asterisk (*) are required.
- For routine follow-up status, instead of the Provider Dispute Resolution Form, please call SCFHP at **1-408-874-1788**. Independent providers can check claims status online at www.scfhp.com.

	*Patient Name		Date of Birth	*SCFHP Member ID #	Patient Account #	Original Claim ID Number	*Date of Service	Original Claim Amount Billed	Original Claim Amount Paid
	Last	First							
1									
2									
3									
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7									
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