



REQUEST FOR TIMELY FILING REVIEW

iCircle will consider circumstances that are outside the control of our providers that resulted in the delay of claim submission on a case-by-case basis. Please use this form to start the review for timely filing limit.

Supporting documentation must be provided.

Request Date:	Provider Name:	Tax ID:
Member Name:	Member ID:	Member Date of Birth:
Claim Number:	Date of Service:	Billed Codes:
Office Contact Name:	Office Contact Phone Number and Email:	Authorization Number:

Claim:

- Claim has never been submitted to iCircle
- Claim has been submitted to iCircle one time or more

<input type="radio"/> <i>Complete/Clean claim was submitted to iCircle within timely filing (please attach copy of acceptance report or any evidence that the claim was billed to iCircle)</i> <input type="radio"/> <i>Claim submitted to a different carrier (please attach a copy of the other carrier's EOB/EOP or remit)</i> <input type="radio"/> <i>Medicare is primary (attach the members EOMB)</i> <input type="radio"/> <i>Other (attach supporting documentation)</i>
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Please forward completed form and any documentation within 120 days of remit.

Mail this form and attachment to:

**iCircle
PO Box 1360
Webster, NY 14580
Attn: Claims**