



Veterans Administration Recovery Audit Dispute Request Form

From: _____

Date: _____

Please review the attached additional materials and re -evaluate the original improper payment determination for:

Level of Dispute: Level 1

Level 2

Claim Number: _____

Provider Name: _____

Comments: _____

SUBMISSION INSTRUCTIONS:

You may submit this form and all additional materials by USPS mail or directly upload to Cotiviti's secure provider portal at <https://varacinfo.cotiviti.com>

<u>Eastern Time Zone State</u>	<u>Non-Eastern Time Zone States</u>
C/O Cotiviti-1000 731 Arbor Way Box 12020 Blue Bell, PA 19422	Cotiviti VARAC 10701 South Riverfront Parkway Suite 200 PO Box 12020 South Jordan, UT 84095

NOTES:

1. **Please submit one (1) form for each claim.**
2. Please enclose a copy of the Audit Detail Page that is attached to the Cotiviti Review Result letter.
3. You may track the status of your Dispute Request by logging into the secure provider portal and accessing the Disputes and Correspondence Tracking tab.
4. Cotiviti will carefully review the materials you have submitted and provide you with a written response.

The information presented on this form and any file transmitted with it is confidential and may contain legally privileged material. It is intended for the sole use of the addressee. If you are not the intended recipient, any review, retransmission, disclosure, dissemination, reliance upon or other use of, this information is prohibited and may be unlawful. If you received this in error, please contact the sender and destroy the material.