## Clackamas County Behavioral Health General Fund (CGF) Timely Filing Waiver Request Form

Claims are considered timely when they are received by PH Tech within **120 calendar days** of the date of service. However, for some cases, providers may request a waiver for the 120-day timely filing rule. Timely filing waivers will only be considered for claims with dates of service within 365 days of receipt of the completed waiver request <u>and</u> with extenuating circumstances.

To request a timely filing waiver, please complete this form and submit it along with supporting documentation (if applicable) to: <a href="mailto:clackamasbillingsupport@clackamas.us">clackamasbillingsupport@clackamas.us</a>

Please note, the submission of a Timely Filing Waiver Request Form does not guarantee approval. Decisions regarding Timely Filing Waiver Request are final and are made at the sole discretion of Clackamas County Behavioral Health Division (CCBHD).

For additional questions, please contact: <u>clackamasbillingsupport@clackamas.us</u>.

## **Requestor Contact Information**

Date of Request:	
Agency:	
Contact Name:	
Contact Phone:	
Contact E-mail:	

## Date range of affected claims



Describe the extenuating circumstance(s) that prevented the claims from being received by PHTech within the 120-day timely filing deadline. Provide an explanation of the situation and how it impacted your claims submission.

Describe the steps that have been taken to correct/prevent this issue for subsequent claims submissions and the date of implementation.

□ Check this box if you are attaching a file listing denied claims in lieu of the table provided by CCBHD as part of this form.



## *Mary Rumbaugh, Director* Behavioral Health Division

List all the denied claims for which this waiver is requested in the table below. This table can be substituted by a report generated by your system as long as it includes all necessary information.

Claim #	Client First name	Client Last Name	Client ID#	Date of Service	Charge Amount	Dates Submitted