Community Health Partners
PHYSICIAN HOSPITAL ORGANIZATION

Claim Issue Inquiry

- **First point of contact to resolve claim issues should be directed to payor. Please refer to number listed on EOB. Our contracted payors will not be able to assist us with claim resolution if you have not first attempted to resolve thru customer service. When calling customer service be sure to ask and record who you spoke to and obtain reference number if provided.**
- If you are unable to resolve the issue directly, **please complete this form and then fax form, copy of EOB, CMS1500 or UB04, and patient's ID card. Fax all to Provider Relations at 239.659.7791 or email to providerrelations.com**
- If there are 10 or more claims, please create separate spreadsheet which includes following information so a claims project can be initiated. (include Payor Name, Patient name, ID #, DOS, details of issue)
- Contact Provider Relations to confirm receipt of this entry and follow up with CHP to obtain status periodically.

Provider's Name: _____ TID: _____
Contact Name: _____
Phone number: _____ Fax:_____
Email address_____
Payor's Name_____Plan_____
Reference #_____
DOS:

Describe the claims issue by checking box (check all that apply):
_____ Paid out of network
_____ Paid at incorrect allowable amount
_____ Not paid
_____ Other
Please explain complete details of issue, include **all** feedback you rec'd from customer service (provide detailed timeline of all activity conducted for claim issue):

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Reviewed 1.1.13