



Provider Payment Dispute Form

Please do not use this form for first time claim submissions including COB Claims with EOB's.

Today's Date _____ Provider Name: _____

NPI/ID Number: _____ Phone #: _____ Ext: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Contact Name: _____

Member Name: _____

Member ID#: _____ Acct #: _____

Date of Service _____ Claim Number _____

☐ Check here if the Contact Name and Billing Address listed above are a third party on behalf of the provider.

Please check at least one box below to ensure accurate handling of this request.

SECTION 1: Check one of the following to request:

- ☐ Post-service payment dispute where the member is not at financial risk
☐ Corrected claim* ☐ Timely filing issue ☐ Administrative sanction appeal

For corrections please submit a CMS-1500 or UB-04 with **all services that were rendered.*

SECTION 2: Complete if requesting an adjustment related to coordination of benefits:

- ☐ Independent Health is primary ☐ Independent Health is secondary

SECTION 3: Indicate what supporting documentation is included:

- ☐ Medical records ☐ Manufacturer's invoice ☐ Proof of timely filing
☐ EOB/EOMB ☐ NDC Number ☐ Other (please add comments below)

PROVIDER COMMENTS: Include further explanation if necessary:

Please submit your inquiry to the appropriate address or email this form and attachments to provider-inquiries@independenthealth.com or fax to 716-635-3890

Provider Inquiries:

Independent Health Provider Relations
P.O. Box 1017
Buffalo, NY 14231

COB Inquiries

Independent Health COB
P.O. Box 621
Buffalo, NY 14231

Definitions

Post-service payment dispute where the member is not at financial risk: participating provider disputing a claim denial or incorrect reimbursement amounts (except where that pertains to previously established fee schedules or other such fee arrangements that are negotiated pursuant to the provider's participating agreement) where the provider is responsible and the member is not at financial risk.

Administrative sanction appeal: appeal regarding financial sanctions imposed against a provider for violation of contract or policy, rule, regulation, or process. These appeals should be sent to Benefit Administration.