

Independent Dispute Resolution Process (IDRP) Request



Provider Complaint System

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Complaint #	IDRP31	Provider Name	TEST ORGANIZATION	Contact	Test User
Date Created	6/16/2015 5:24:29 PM	Complaint Type	Independent Dispute Resol...	Email	test@test.com
Created By	Test User	Complaint Status	Pending Submission to DMHC	Phone	999.999.9999

Provider	Payor	Claims	Issue Summary	Complete	Delete
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Provider Information

Provider/Facility Name *  TEST ORGANIZATION

Provider Type * -- Select a Provider Type --

Provider Tax ID *

Submitter Contact Information

Provider Contact *  User, Test

Address * 1234 5th Street

City, State, Zip * Sacramento, CA 99999

Email * test@test.com

Phone * 999.999.9999

Fax

[Save](#)

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Use the form shown below to identify the health plan involved, the product involved and any RBO/Capitated Provider responsible for reimbursement of any portion of the claim.

Health Plan Information

(Include Inactive Health Plans)

Health Plan *

Product Involved * HMO PPO Other

RBO/Capitated Provider Information

If this complaint does not involve an RBO/Capitated Provider, please press the Save button and proceed to the next Section. If your complaint involves an RBO/Capitated Provider, then please identify it.

(Include Inactive RBOs/Capitated Providers)

RBO/Capitated Provider

Contact First Name

Contact Last Name

Contact Email

Contact Phone - - ext.

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Before the Department can commence an individual review of a complaint, the provider is required to submit the dispute to the payor's Dispute Resolution Mechanism for a minimum of 60 calendar days or until receipt of the payor's written determination, whichever period is shorter.

[Add a Claim](#)

Enter at least 1 claim and up to 50 claims.

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Utilize attachments to state with all appropriate technical detail, why you feel the amount(s) you are requesting represents the reasonable and customary value for the services rendered with specific reference to how the following factors, if applicable, support your argument: (i) the provider's training, qualifications, and length of time in practice; (ii) the nature of the services provided; (iii) the fees usually charged by the provider; (iv) prevailing provider rates charged in the general geographic area in which the services were rendered; (v) other aspects of the economics of the medical provider's practice that are relevant; and (vi) any unusual circumstances in the case. Also, state any rebuttal argument to Payer's position. Attach additional documents as necessary.

Attach Issue Summary and Supporting Documents

Document Title

*Browse for the file and click the "Upload Attachment" button. Accepted Files:
.pdf, .txt, .doc, .xls, .ppt, .gif, .jpg, .docx, .xlsx, .pptx*

File