

OB P4P Dispute Request Form

INSTRUCTIONS

- Please complete **ALL FIELDS** of the form below.
- **Send dispute information in a separate excel worksheet.**
- Provide additional information to support the description of the dispute, if necessary.
- For follow up status, please call the IEHP Provider Team at (909) 890-2054 or (866) 223-4347 Monday- Friday 8:00 am to 5:00 pm PST.
- Please email this completed form, and dispute excel worksheet, to QualityPrograms@iehp.org.
- IEHP will respond within 30 business days upon receipt of this dispute request.

Rendering Provider Information

Rendering Provider Name	
Rendering Provider NPI	
Rendering Provider Tax ID #	
Rendering Provider Email	
Rendering Provider Phone #	

Claim Information (send in excel worksheet)

IPA/Medical Group Name	Rendering Physician Name	Rendering Physician NPI	Claim Number	Member ID Number	Service Date	Codes Not Paid

Dispute Type

<input type="checkbox"/> Nonpayment
<input type="checkbox"/> Underpayment
<input type="checkbox"/> Incorrect payment information (e.g., TAX ID, Address, Vendor Name, etc.)

Other Comments

Contact Name (please print)

Title

Signature

Date