IEHP
Inland Empire Health Plan

Provider Quality Incentive Programs

Quality Bonus Service 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 #	

Encounter Information (send in excel worksheet)					
IPA/Medical Group Name	**Rendering Physician Name**	**Rendering Physician NPI**	**Member ID Number**	**Service Date**	**Codes Not Paid**

Dispute Type
☐ Nonpayment
☐ Underpayment
☐ Incorrect payment information (e.g., TAX ID, Address, Vendor Name, etc.)

Other Comments

Contact Name (please print) **Title**

Signature **Date**