Attachment 20 – Demand For Payment Letter

**Secure E-mail Template Demand for Payment**

**From: To: Cc:**

**Subject:** IPA demand for payment notification, <Insert Claim Number>

The claim below was determined to be IPA responsibility, please provide payment information within 7 days from receipt of this e-mail.

**Response(s) received after 7 calendar days will be subject to deduction from your next monthly capitation payment.**

|  |  |
| --- | --- |
| **Member Name** |  |
| **DOB** |  |
| **IEHP MEMBER ID** |  |
| **IEHP Claim Number** |  |
| **Provider of Service** |  |
| **Tax ID** |  |
| **Date of Service** |  |
| **Amount Billed** |  |
| **Patient Account No.** |  |

Sincerely,

Claim Specialist

Inland Empire Health Plan

<Insert Processor Initials>



**Secure E-mail Template Notice of CAP deduction**