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**