Attachment 20 – Notice of CAP Deduction

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

**From: To: Cc:**

**Subject:** Notice of Cap deduction, <Insert Claim Number>

Evidence of payment was not received for the claim below within the required 7 days from demand of payment notification.

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

Sincerely,

Claim Specialist

Inland Empire Health Plan

<Insert Processor Initials>

