



Value Based Payments Program - PAID CLAIMS DISPUTE REQUEST

Instructions

- * Please complete **ALL FIELDS** of the form below.
- * Send billing information in separate excel worksheet.
- * Be specific when completing the OTHER COMMENTS.
- * Attach additional information to support the description of the dispute, if necessary.
- * For routine 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 or visit our Secure Provider Portal available for contracted Providers at www.iehp.org.
- * **Please email this completed form and Provider must send an excel worksheet to ValueBasedPaymentsProgram@iehp.org.**
- * IEHP will respond within 30 working days upon receipt of this dispute request.

Billing Provider Information

Billing Provider Name:	
Billing Provider TaxID:	
Billing Provider Address:	
Billing Provider Email:	
Billing Provider Phone #:	

Claim Information (send in excel worksheet)

Claim number	Member ID	Service Date	Rendering Physician Name	Rendering Physician NPI	VBP Codes Not Paid

Dispute Type

- Nonpayment
- Underpayment
- Incorrect payment information (e.g. TaxID, address, vendor name, etc.)

OTHER COMMENTS:

Contact Name (Please print)

Title

Signature

Date