PROVIDER DISPUTE RESOLUTION REQUEST

FOR USE WITH MULTIPLE "LIKE" CLAIMS (CLAIMS DISPUTED FOR THE SAME REASON)

	Claim Identification Number (CIN)	Service Date From	Service Date To	Amount Billed	Amount Paid	Amount Disputing	Expected Amount	Service Type	Documentation Attached (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

*Maximum 25 Claims

** Claim will not be addressed if not same issue