A Public Entity
Inland Empire Health Plan

GEMT - PAID CLAIMS DISPUTE REQUEST

Instructions
* Please complete ***ALL FIELDS*** of the form below. * 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 to *Prop56Inquiry@iehp.org* or fax to (909) 296-3550. * IEHP will respond within 30 working days upon receipt of this dispute request.

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

Claim Information					
Claim number	Member_ID	Service Date	Original Claim Amount Paid	Procedure Code	Modifier

Dispute Type
□ Nonpayment
□ Underpayment
□ Incorrect payment information (e.g. TaxID, address, vendor name, etc.)
OTHER COMMENTS:

Contact Name (Please print) _____ **Title** _____

Signature _____ **Date** _____