



Value Based Payments Program - ENCOUNTER DISPUTE REQUEST

Instructions

- * Please complete **ALL FIELDS** of the form below.
- * Send encounter 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 #: | |

Encounter Information (send in excel worksheet)

| IPA/PCP/Medical Group Name | Member ID | Service Date | Rendering Physician Name | Rendering Physician NPI | VBP Codes Not Paid |
|----------------------------|-----------|--------------|--------------------------|-------------------------|--------------------|
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Dispute Type

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

OTHER COMMENTS:

Contact Name (Please print)

Title

Signature

Date