



## Value Based Payments Program - ENCOUNTER 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](http://www.iehp.org).
- \* Please **email** this completed form to [ValueBasedPaymentsProgram@iehp.org](mailto: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

IPA/PCP/Medical Group Name	Member ID	Service Date	Original Claim Amount Paid	Rendering Physician Name	Rendering Physician NPI

### Dispute Type

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

### OTHER COMMENTS:

\_\_\_\_\_  
Contact Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date