



GROUND EMERGENCY MEDICAL TRANSPORTATION DISPUTE REQUEST

Instructions
<p>* Please complete <i>ALL FIELDS</i> of the form below.</p> <p>* Be specific when completing the OTHER COMMENTS.</p> <p>* Attach additional information to support the description of the dispute, if necessary.</p> <p>* 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.</p> <p>* Please email this completed form to Prop56Inquiry@iehp.org or fax to (909) 296-3550.</p> <p>* IEHP will respond within 30 working days upon receipt of this dispute request.</p>

Billing Provider Information	
Billing Provider Name:	
Billing Provider TaxID:	
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
<input type="checkbox"/> Nonpayment
<input type="checkbox"/> Underpayment
<input type="checkbox"/> Incorrect payment information (e.g. TaxID, address, vendor name, etc.)
OTHER COMMENTS:

Contact Name (Please print)

Title

Signature

Date