Independence

Payment Dispute Decision (PDD) request form

Fill out all sections as required. Missing or incomplete information may result in your request being dismissed as invalid.

This form is to be submitted to C2C ***after*** the Medicare Advantage Organization (MAO)'s provider payment dispute process has been followed.

Provider contact information

Provider name: _____

Provider correspondence address:

Street: _____

City: _____ State: _____ ZIP: _____

Telephone number: _____

Email: _____@_____

Pricing information

NPI:_____ **and** CCN or OSCAR number for institutional providers: _____

ZIP code where services were rendered: _____

Physician specialty, if dispute is on a physician claim: _____

MAO name: _____

Plan name/number: _____

Provider is deemed; or Provider is non-contracted

Note: Contracted providers may not use this independent payment dispute resolution process.

Reason for Payment Dispute – a description of the specific issue

(A separate attachment may be utilized if necessary.)

The following information *MUST* be submitted with this form:

1. Copy of the provider's claim which was submitted to MAO with disputed portion identified.
2. Copy of the MAO's original payment determination (remittance advice).
3. Copy of the MAO's payment dispute decision (redetermination).
4. Any supporting documentation and correspondence that support your position that the MAO's payment is not correct (this may include interim rate letters and/or documentation reflecting payment from Original Medicare on similar or identical services).
5. Appointment of Provider Representative Authorization Statement, if applicable.

Requester's information

Name: _____

Title and company name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Relationship to provider: _____

Telephone number: _____
Email_____@_____

Requester's signature: _____ Date signed: _____

For electronic submissions only, in lieu of a signature:

☐ By checking this box, I certify that I have proper authorization to submit this payment dispute on behalf of this provider.

Independence Blue Cross
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