Health Plan Relations Committee

HELP FORM

KSEPS members may receive free consulting assistance for problems or questions they encounter relating to third party payor matters. Joy Newby and her staff provide personalized consultations on Medicare coding, claims and related issues. Please use this form when requesting assistance. Attach any pertinent documents such as a denial letter, EOB form, etc. Be brief and specific with your question. Include appropriate diagnosis codes or procedure codes.

IMPORTANT NOTICE: in compliance with HIPAA regulations, do not provide any protected health information with this form. Patient names and any other identifying information must be redacted.

Fax this form to KSEPS to 847/680-1682. Allow one week for response. Please write legibly or type.

Today’s date: ___________________    # of pages this fax ___________________

Ophthalmologist’s name [required]: _____________________________________________

Practice name: _______________________________________________________________

Staff person’s name: ___________________________________________________________

Phone (with area code): ___________________    Fax: _____________________________

E-mail Address: ______________________________________________________________

This is a problem with: [ ] Medicare    [ ] Private carrier *    [ ] Other _______________

*If other than Medicare, which carrier? ________________________________

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You may reproduce this form for future questions.

4/09/2014