



Attention: Payer Service Team
 Fax: 336-970-2100

Payer Service Team is available to assist with claims in which you have exhausted all efforts to resolve. The claims must be **60 days** after the **MedCost repricing date** and **less than one year** from the date of service.

From: (Full Name of Sender)		Your Full & Complete information is required to obtain a response from our research unit
Practice/Facility Name		
FTID:		
Phone Number:		
Fax Number:		
Email Address:		
Number of Pages:		

Research Request Claim Information

Employer Group Name	Employer Group Policy #	Patient's Full Name (as filed on claim)	Insured/Patient ID # (as filed on claim)	Date of Service	Total Charges Billed
What action is requested from MedCost as this time? <input type="checkbox"/> Problematic Claim Research <input type="checkbox"/> Payment Discrepancy		Required Information: Please list <u>all</u> steps taken by your office to obtain status with the claim administrator. Please include all dates. Attachments may be submitted with this form.			

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