

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Preparer Name & Title: \_\_\_\_\_

Preparer Telephone: \_\_\_\_\_

Is this due to an ICD-10 issue?     Yes     No

Please provide a detailed explanation of issue and cause (i.e. reason codes, status location, rejected, denied, suspended, Returned to Provider (RTP)):

Please provide claim examples with a listing of DCNs (not PHI). If sending with PHI, please ensure the information is encrypted.

Send information to:

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