

UniCare Health Plans of West Virginia, Inc.

Billing Dispute External Review Form

Please send this completed form, and the filing fee to the Billing Dispute External Review Board, IMEDECS (formerly known as HAYES Plus, Inc.). Attach the final appeal denial letter and supporting documentation: Explanation of Benefits (EOB) and additional clinical information, etc.

IMEDECS
157 S. Broad Street, Lansdale, PA 19446
Phone: (215) 855-4633 Fax: (215) 855-5318

Physician Information:

Treating Physician Name (as submitted on claim):		Tax ID (as submitted on claim):
Billing Address (Street, City, State, ZIP):		
Telephone Number: Office () ext.		Fax Number: Office ()
Contact Name:	Contact Phone Number:	Contact E-Mail:

If Codes/Modifiers are Disputed:

A specific code set must be identified; a minimum of two codes must be entered below.

Note: To see examples of the types of disputes eligible for review, please refer to the attached Example Billing Dispute Category List.

CPT® Code (Primary)	CPT Code® (secondary)	(and/or) Modifier
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Claim Information:

If your billing dispute contains multiple claims for the same code set, please attach a separate sheet noting the physician's name, member's name, member's ID, date of service, and claim number.

Member Name:	Member ID Number:	Member Group Number (Optional)
Member Address (Street, City, State, ZIP):		

Request for Physician Billing Dispute External Review:

Date of Service:	Claim Number(Indicated on Explanation of Payment):
Amount in dispute (the additional amount you believe you are entitled to receive in this dispute): \$	Filing fee: (Please check one.) ____ \$50.00 Disputed amount greater than \$500 and less than or equal to \$1000.00 ____ \$50.00 + 5% of amount of dispute which exceeds \$1000.00. The fee may not exceed 50% of the cost of the review. ____ No amount is enclosed because this claim is an aggregate of a deferred claim for which a filing fee has previously been paid. Amount enclosed:____ Please Make check payable to IMEDECS .
The decision of IMEDECS is final and binding on UniCare Health Plans of West Virginia, Inc., and the physician or physician group only with respect to the specific case under review by IMEDECS. Physicians may access the UniCare Health Plans of West Virginia, Inc., website (www.unicare.com) or the IMEDECS website (www.IMEDECS.com) for further information.	
Comments:	
I hereby acknowledge the terms of the Billing Dispute External Review Process, further certify that I am a member of the class, and further certify the accuracy of the material and information submitted with the request.	
Signature of Physician:	Date: