



Arizona Department of Insurance

SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST

REQUEST FOR INFORMATION FROM THE HEALTHCARE PROVIDER

<p>The Arizona Department of Insurance received a request for arbitration for a surprise out-of-network bill. Failure to respond to this request within 15 calendar days will cause the request to be deemed eligible for arbitration.</p>		ADOI Case #:	Notice Date:	
Insurer NAIC #:	Insurer Name:			
Insured's Name:		Member ID Number:	Group Number:	
Patient's Name:		Date of Birth:	Relationship to Insured:	
<p>Who is representing the provider in this dispute case? The selected <u>representative</u> [A] will receive notifications about the status of the billing dispute; [B] must timely fulfill steps set forth in Arizona law to prevent a request from being deemed eligible for arbitration and to prevent the provider from having to pay the entire costs of arbitration, and [C] has the full authority to act on behalf of the provider in this matter and to bind the provider legally and financially concerning this matter.</p> <p><input type="checkbox"/> Healthcare Provider/Self <input type="checkbox"/> Billing Company <input type="checkbox"/> Authorized Representative</p>				
Provider Name:		Phone:	Email:	
Name of Provider Group (if part of the address):				
Mailing Address for Provider:		City:	State:	ZIP Code:
Name of Provider's Billing Company :		Billing Company Contact Person's Name:		
Phone:	Email:			
Mailing Address for Billing Company:		City:	State:	ZIP Code:
Name of Provider's Authorized Representative :		Business Name (if part of mailing address):		
Phone:	Email:			
Mailing Address for Authorized Representative:		City:	State:	ZIP Code:

Healthcare Service Date:		\$ Billed by Provider:		\$ Paid by Insurer:	
Enrollee Copayment \$:		Coinsurance \$:		Deductible \$:	
				\$ Paid by Enrollee:	
Unpaid Cost-sharing: Has the enrollee arranged in writing to pay the unpaid cost-sharing amount?					
Which State of Arizona agency, board or commission issued you the license to provide the type of healthcare service you provided relating this billing dispute case?					
License #:		Type/Class of License:		Date issued:	
				Expiration date:	
In what Arizona county were health care services provided?					
Were the services provided in a contracted network facility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
In what type of facility was the healthcare service provided: <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient surgical center <input type="checkbox"/> Laboratory <input type="checkbox"/> Diagnostic imaging center <input type="checkbox"/> Urgent care <input type="checkbox"/> Other: _____					
Was the provider contracted with the health insurer on the date the healthcare service was provided? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were the services either "emergency services" or health care services directly related to an emergency provided during an inpatient admission? Per Arizona Revised Statute § 20-2801(3): " Emergency services " means health care services that are provided to an enrollee in a licensed hospital emergency facility by a provider after the recent onset of a medical condition that manifests itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in any of the following: (a) Serious jeopardy to the patient's health, (b) Serious impairment to bodily functions, (c) Serious dysfunction of any bodily organ or part." <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you provide a notice to the enrollee in accordance with A.R.S. § 20-3113(A)(2) that provided all the following information? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<ul style="list-style-type: none"> • The name of the healthcare provider and notice that the provider is not a contracted provider, • The estimated cost that the provider would bill for the healthcare service, • Notice that the enrollee is not required to sign the notice to receive the healthcare service, and • Notice that by signing the notice, enrollee waives the right to arbitration for the bill. 					

Is a health care appeal currently pending on the health care services that are the subject of the surprise bill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown
Was a health care appeal previously decided for the health care services that are the subject of the surprise bill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown
<ul style="list-style-type: none"> If the response to the previous question was “Yes,” on what dates were the appeal submitted and decided by the insurer? 	Submitted (mm/dd/yyyy)	Decided (mm/dd/yyyy)
<ul style="list-style-type: none"> If the healthcare appeal was submitted to the Department of Insurance, when was the appeal submitted and decided? 	Submitted (mm/dd/yyyy)	Decided (mm/dd/yyyy)
Did the enrollee institute a civil lawsuit or other legal action against the insurer or healthcare provider related to the surprise out-of-network bill or the healthcare services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown
<p>UPLOAD ALL THE FOLLOWING DOCUMENTS INTO THE SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION SYSTEM at https://azinsurance.online/soonbdrs</p> <p><input type="checkbox"/> A fully completed and saved version of this Request For Information form.</p> <p><input type="checkbox"/> A copy of the bill(s), statement(s) and correspondence issued to the enrollee as it relates to the amounts owed.</p> <p><input type="checkbox"/> If the healthcare service was <u>not</u> provided for, or directly related to, emergency services, you must provide a copy of the written, dated disclosure that you provided to the enrollee that:</p> <ul style="list-style-type: none"> o states the name of the healthcare provider and that the provider is not a contracted provider, o provides the estimated cost that the provider would bill for the healthcare service, o provides notice that the enrollee is not required to sign the notice to receive the healthcare service, and that by signing the notice, enrollee waives the right to arbitration for the bill. <p><i>If the enrollee signed the disclosure notice, you must provide a copy of the <u>signed</u> notice.</i></p> <p><input type="checkbox"/> A copy of each explanation of payments (EOP) you received from the enrollee’s health insurer that pertains to this billing dispute case.</p> <p><input type="checkbox"/> If the healthcare provider is being represented by the provider’s billing company or by an authorized representative, a document signed by the provider giving the representative the authority to legally and financially bind the provider in this matter.</p>		

QUESTIONS? See if the answer is on our website at <https://insurance.az.gov/soonbdr>, and if not, send e-mail to soonbdr@azinsurance.gov, or call our Surprise Out-of-Network Billing Dispute Resolution Team at (602) 364-2399.