



SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST

INFORMAL SETTLEMENT TELECONFERENCE OUTCOME

| | | | |
|--|---------------------------------|---|--|
| ADOI Case #: | IST Date: | IST Time: | |
| Insurer NAIC #: | Insurer Name: | | |
| Insured/Enrollee Name: | | Patient Name: | |
| Healthcare Provider Name: | | Billing Company Name: | |
| IST Participant | Full Name of Participant | | Participated? |
| - For the ENROLLEE: | | | <input type="radio"/> Yes <input type="radio"/> No |
| - For the PROVIDER: | | | <input type="radio"/> Yes <input type="radio"/> No |
| - For the INSURER: | | | <input type="radio"/> Yes <input type="radio"/> No |
| SUMMARY OF DECISION | | | |
| ORIGINAL AMOUNTS | | SETTLEMENT AMOUNTS | |
| Total provider billing to insurer and enrollee | | | |
| Enrollee copayment amount | | Enrollee copayment amount | |
| Enrollee coinsurance amount | | Enrollee coinsurance amount | |
| Enrollee deductible amount | | Enrollee deductible amount | |
| Amount insurer paid to enrollee (which enrollee must pay to provider) | | Amount insurer paid to enrollee (which enrollee must pay to provider) | |
| Amount insurer paid to provider | | Additional amount insurer agrees to pay provider | |
| Due date for insurer payment of balance due to provider (30 days after IST) | | | |
| Total amount paid by insurer (to enrollee and provider) | | Total amount to be paid by insurer (original and additional amounts) | |
| Balance bill to enrollee <i>(excluding amount paid by insurer to enrollee)</i> | | Balance bill to enrollee | \$ 0.00 |
| | | Total amount to be paid to provider by enrollee and insurer | |