



Arizona Department of Insurance

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	
\$ Provider Originally Billed		\$ Provider Ultimate Bill	
\$ Enrollee Copayment		\$ Enrollee Copayment	
\$ Enrollee Coinsurance		\$ Enrollee Coinsurance	
\$ Enrollee Deductible		\$ Enrollee Deductible	
\$ Paid to Enrollee by Insurer (which must be paid to provider)			
\$ Paid to Provider by Insurer			
\$ Paid by Insurer (to Enrollee + to Provider)		Total to be Paid by Insurer (to Enrollee + to Provider)	
Balance Due from Insurer to Provider:			
Due Date for Insurer Payment of Balance Due to Provider:			
Original Amount Billed to Enrollee (excluding Amount Paid by Insurer to Enrollee)		Final Amount Billed to Enrollee	