



March 3, 2014

Provider Name, MD
1 Medical Dr. #101
Anytown, CA 95959

Member Name:
Date of Service:
Total Billed Amount:
Claim Number:
PDR Date Received:
Account Number:

Dear Provider Name, MD:

Hill Physicians Medical Group received a CMS claim dispute regarding the claim referenced above. The additional information indicated below was requested in order to resolve and make a determination on your claim dispute:

{insert what has been requested}

Please be advised that Hill Physicians Medical Group did not receive the additional information within 14 calendar days. **The initial claim decision is therefore upheld and your dispute is closed.**

If you require additional information regarding this dispute, please contact our Customer Service department at (800) 445-5747 or (925) 820-8300. Please use the claim number to reference the claim.

You have the right to request an additional decision from {HEALTH PLAN NAME}. {HEALTH PLAN NAME} must receive your written request within 180 days from the date of this notification.

Please forward all information regarding this claim to:

{HEALTH PLAN NAME}
{STREET OR PO BOX}
{CITY, STATE ZIP CODE}

Sincerely,

Hill Physicians Medical Group
Claims Research Resolution Unit