



March 3, 2014

Provider Name, MD
1 Medical Dr. #100
Anytown, CA 95959

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

Dear Provider Name, MD:

Hill Physicians Medical Group received a CMS provider dispute regarding the claim referenced above. The deadline for filing a dispute is 120 calendar days following claim payment or recent action.

In accordance to 1852 (a)(2)(A) Act for Medicare Advantage Plans, the deadline for filing a dispute is 120 days following claim payment or recent action. Please be advised that we did not receive this dispute within the 120-calendar day timeframe. **The initial claim decision is therefore upheld and your dispute is closed.**

If you disagree with this decision you have the right to request an additional decision from {HEALTH PLAN NAME}. A request for a Payment Dispute Decision (PDD) must be filed in writing within 180 calendar days after the date of this notice.

Please forward all information regarding this claim to:

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

If you require further information regarding the resolution of this dispute, please contact our Customer Service department at (800) 445-5747 or (925) 820-8300.

Sincerely,

Hill Physicians Medical Group
Claims Research Resolution Unit