



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. Upon careful review of this dispute, we have determined that the initial claim decision is being overturned and payment will be made.

Net payment in the amount of {payment amount} is made for the following service(s):

- {CPT code 1}
- {CPT code 2}
- {CPT code 3}
- {CPT code 4}
- {CPT code 5}
- {CPT code 6}
- {CPT code 7}
- {CPT code 8}

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.

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