Hill Physicians
Your health. It's our mission.

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; however, additional information is required in order that we may review and give a resolution of the dispute. Please provide us with the information indicated below within 14 calendar days:

{Single Dispute Ack Reason}

Hill Physicians Medical Group has 30 calendar days from the initial dispute receive date to review and resolve the dispute. Please submit the above requested information within 14 calendar days and a copy of this letter to ensure the dispute is resolved within 30 calendar days.

Hill Physicians Medical Group
Claims Research Resolution Unit
P.O. Box 5080
San Ramon, CA 94583

If you require additional information 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