



Targeted Rate Increase (TRI)

FFS Disputes

If the provider contract type of the service being disputed is FFS, please fill out the table below:

Claim/Encounter Information

IPA Name/ IEHP Direct	Claim/ Encounter Number	Line #	Procedure Code	Member ID	Service Date	Original Claim Amount Paid	Rendering Physician Name	Rendering Physician NPI

Dispute Type

- Nonpayment
- Underpayment
- Incorrect payment information (e.g. TaxID, address, vendor name, etc.)

OTHER COMMENTS:

Contact Name (Please print)

Title

Signature

Date