

Payor Resolution Request Form Individual Provider

Thank you for reaching out to GEHA's Connection Dental Network. Please complete this form fully and attach any EOBs or supporting documents to help resolve your issue with the payor quickly. **If all information is not received within five business days of submission, the issue will be closed and must be resubmitted. Please do not send more than once for each payor/issue unless requested by CDN Specialist.**

Contact Information		
Name:		Title:
Email:		Phone Number:
Provider Information		
Provider Name:		
Provider NPI 1:		All providers at location impacted:
License Number:	Tax ID:	
Treating Address:		

The Network Identifier can be found under the remarks/notes section of the Remittance Advice(RA). If you are unable to locate this information and the allowable amount listed does NOT match your contracted fee schedule, ***please contact the Payor directly to verify that Connection Dental Network was utilized as the network the claim is processed through prior to submitting this request.***

Payor information (Insurance Company)		
Payor Name through Connection Dental Network (CDN):		
The following information is required for Payor selection requests		
Payor Contact Name:	Call Date:	Call reference number:
Payor's explanation:		
Were previous claims with this payor paid through CDN?		
Has Dr been directly contracted with Payor?	Yes No	If yes, but termed contract, please list date termed.
Member information		
Member Name:	Plan Number:	
Issue Details		
Select the best fitting explanation. Please do not send more than once for each payor/issue.		
Paid Par and shouldn't have	Paid Par yet amounts don't match Fee schedule	
Paid non-par and shouldn't have	Payor stated Tax ID is not matching in system	
Recent Change to Billing or Mailing address		
Other (Define):		
Commercial Issue	Medicare Advantage Issue	
Summarize issue:		
Expected Resolution:		
Define the Dates of the reported issue: to		

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Claims Reprocessing:

In some cases, reprocessing claims can result in an overpayment/underpayment. Please verify that the provider is aware of the potential financial impact when reprocessing claims and that the payor may seek to recoup any overpayment.

Do Not Reprocess Claims–Reduces Financial impact to office/member while fixing issue going forward.
<i>Please Note: Once a provider update is made, some plans may automatically reprocess all affected claims, even if reprocessing isn't requested.</i>
Reprocess All Claims–Reprocessing Claims can result in an overpayment/underpayment

I acknowledge that once reprocessing begins, reprocessing cannot be stopped.

_____ Signature	_____ Printed Name/Title	_____ Date
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Please send completed form with requested documents, including EOBs, to Connection Dental:

cdserviceissueprd@geha.com

For questions related to your participation with GEHA's Connection Dental Network, please contact our self-service line at **800.505.8880, option 1**. You will need the Provider's NPI 1, tax identification number, 5-digit zip code of practice location. Any changes in your practice status, including but not limited to change of address, Tax ID, fee schedule can change your participation/selection status with the payors. If you have a recent change in any of these demographics, please allow 60 days for payors to update their information.