

Request for Claim Review Form

This form should be used when you have a question on a claim.

- Review of a claim does not guarantee a change in payment disposition.
- Did you know that you can access our website for claim status?
- This form should not be used for claims status.

For information, please call Customer Service at 877-972-8845.

Mail completed form and attachments to:

Neighborhood Health Partnership

P.O Box 5210

Kingston, NY 12402-5210

Attention: Claims Inquiries

Date / /

Provider _____ Provider ID _____

Phone _____ Contact _____

Fax _____

Member Name _____ ID Number _____

Claim Number _____ Date of Service / /

Billed Amount _____

Reason for Request

- Claim not reimbursed at contracted rate. Expected reimbursement _____
- Authorization/referral number _____ on file for service(s). Claim denied; not authorized.
- Unable to identify patient
- Request medical records enclosed
- Other _____