

SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST (SOONBDR)



ARBITRATION DECISION

DIFI CASE NO.		ARBITRATION DATE M/DD/YYYY	ARBITRATION TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
NAME OF ARBITRATOR		ARBITRATOR BUSINESS/ORGANIZATION NAME	
INSURER NAIC NO.	INSURER NAME		
INSURED/ENROLLEE NAME		PATIENT NAME	
PROVIDER NAME		BILLING COMPANY NAME	
ARBITRATION PARTICIPANT		INDIVIDUAL'S NAME	
1. For the ENROLLEE (optional attendance):			
2. For the HEALTHCARE PROVIDER:			
3. For the HEALTH INSURER:			
SUMMARY OF DECISION			
Provider Originally Billed	\$	Provider Ultimate Bill	\$
Enrollee Copayment	\$	Enrollee Copayment	\$
Enrollee Coinsurance	\$	Enrollee Coinsurance	\$
Enrollee Deductible	\$	Enrollee Deductible	\$
Paid to Enrollee by Insurer	\$		
Paid to Provider by Insurer	\$		
Paid by Insurer (to Enrollee and to Provider)	\$	Total to be Paid by Insurer (to Enrollee and Provider)	\$
Balance Due from Insurer to Provider:			\$
Due Date for Insurer Payment of Balance Due to Provider:			M/DD/YYYY
Original Amount Billed to Enrollee (excluding Amount Paid by Insurer to Enrollee)	\$	Final Amount Billed to Enrollee	\$