

SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST



INFORMAL SETTLEMENT TELECONFERENCE – OUTCOME

	DIFI CASE NO.	IST DATE M/DD/YYYY	IST TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
--	----------------------	------------------------------	--------------------------------------------------------------------------------

INSURER NAIC NO.	INSURER NAME
NAME OF INSURED/ENROLLEE	PATIENT'S NAME (if different from insured)
NAME OF HEALTHCARE PROVIDER	NAME OF BILLING COMPANY

IST PARTICIPANT	FULL NAME OF PARTICIPANT	PARTICIPATED?
1) For the ENROLLEE:		<input type="checkbox"/> Yes <input type="checkbox"/> No
2) For the PROVIDER:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3) For the INSURER:		<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF DECISION

ORIGINAL AMOUNTS		SETTLEMENT AMOUNTS	
Total provider billing to insurer and enrollee	\$		
Enrollee copayment amount	\$	Enrollee copayment amount	\$
Enrollee coinsurance amount	\$	Enrollee coinsurance amount	\$
Enrollee deductible amount	\$	Enrollee deductible amount	\$
Amount insurer paid to enrollee (that enrollee must pay to provider)	\$	Amount insurer paid to enrollee (that enrollee must pay to provider)	\$
Amount insurer paid to provider	\$	Additional amount insurer agrees to pay provider	\$
		DUE DATE for insurer payment of balance due to provider (30 days after IST)	M/DD/YYYY
Total amount paid by insurer (to enrollee and provider)	\$	Total amount to be paid by insurer (original and additional amounts)	\$
Balance Bill to Enrollee (excluding amount paid by insurer to enrollee)	\$	Balance Bill to Enrollee	\$ 0.00
		TOTAL AMOUNT to be paid to provider by enrollee and insurer	\$