

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



REQUEST FOR INFORMATION – HEALTH INSURER

The Arizona Department of Insurance and Financial Institutions received a request for arbitration for a surprise out of network bill. **Failure to respond to this request within 15 calendar days will cause the enrollee’s request to be deemed eligible for arbitration.**

DIFI CASE NO.	NOTICE DATE M/DD/YYYY
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INSURER NAIC NO.	AREA CODE & PHONE NO.	INSURED’S NAME	
INSURER NAME		PATIENT’S NAME (if different from insured)	
NAME OF INSURER CONTACT		MEMBER ID NUMBER	
EMAIL ADDRESS		GROUP NUMBER	
MAILING ADDRESS		DATE OF BIRTH M/DD/YYYY	
CITY	STATE	ZIP CODE	RELATIONSHIP TO INSURED
PROVIDER NAME		Amount Billed By Provider*	\$
PROVIDER GROUP NAME		Amount Paid By Insurer*	\$
EMAIL ADDRESS		Copayment*	\$
AREA CODE & PHONE NO.		Coinsurance*	\$
DATE OF SERVICE M/DD/YYYY		Deductible*	\$
		ENROLLEE’S BALANCE*	\$

***Enclose/attach associated EOBs and EOPs**

1. What is the health care provider’s specialty area as it relates to the surprise billing?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ANESTHESIOLOGY | <input type="checkbox"/> GASTROENTEROLOGY | <input type="checkbox"/> OPTOMETRY/
OPHTHALMOLOGY | <input type="checkbox"/> PLASTIC/
RECONSTRUCTIVE SURGERY |
| <input type="checkbox"/> AUDIOLOGY | <input type="checkbox"/> HEMATOLOGY | <input type="checkbox"/> ORAL SURGERY | <input type="checkbox"/> PODIATRY |
| <input type="checkbox"/> CARDIOLOGY | <input type="checkbox"/> IMMUNOLOGY | <input type="checkbox"/> ORTHOPEDICS | <input type="checkbox"/> PSYCHIATRY/
PSYCHOLOGY/BEHAVIOR |
| <input type="checkbox"/> DERMATOLOGY | <input type="checkbox"/> OTOLARYNGOLOGY | <input type="checkbox"/> PATHOLOGY | <input type="checkbox"/> PULMONOLOGY |
| <input type="checkbox"/> EMERGENCY PHYSICIAN | <input type="checkbox"/> PAIN MANAGEMENT | <input type="checkbox"/> PHARMACY | <input type="checkbox"/> RADIOLOGY |
| <input type="checkbox"/> ENDOCRINOLOGY | <input type="checkbox"/> NEUROLOGY | <input type="checkbox"/> PHYSICAL REHABILITATION | <input type="checkbox"/> UROLOGY |
| <input type="checkbox"/> EQUIPMENT (DME) | <input type="checkbox"/> OBSTETRICS/GYNECOLOGY | <input type="checkbox"/> OTHER: _____ | |

2. What type of health care service was provided?

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> ANESTHESIOLOGY | <input type="checkbox"/> EQUIPMENT (DME) | <input type="checkbox"/> PHYSICAL/OCCUPATIONAL
REHABILITATION | <input type="checkbox"/> SURGERY |
| <input type="checkbox"/> DRUG/ALCOHOL TREATMENT | <input type="checkbox"/> LABORATORY/PATHOLOGY | <input type="checkbox"/> DRUGS/MEDICINE | <input type="checkbox"/> EMERGENCY |
| <input type="checkbox"/> ORTHOPEDIC | <input type="checkbox"/> RADIOLOGY | <input type="checkbox"/> OTHER: _____ | |

3. In what type of facility was the health care service provided?

DIAGNOSTIC IMAGING CENTER HOSPITAL URGENT CARE CENTER

HEALTH CARE LABORATORY OUTPATIENT SURGICAL CENTER OTHER: _____

4. In what Arizona county were health care services provided?

5. Were the services provided in a contracted network facility? Yes No

6. Was the provider contracted on the date of service? Yes No

7. Were the services either "emergency services" or services directly related to an emergency provided during an inpatient admission? Yes No

8. Was the coverage issued to an insured/policyholder located in Arizona? Yes No

9. Does the enrollee reside in Arizona? Yes No

10. Which of the following describes the health insurance coverage:

The coverage is fully insured

The coverage is a self-insured plan that was NOT preempted by ERISA

The coverage is a self-insured plan that was preempted by ERISA

The coverage is a self-insured plan covering Arizona state government employees

a. Check a box to indicate the type of policy (for POS, use HMO or PPO as applicable):

HMO/HCSO/EPO Limited Benefit PPO Other: _____

11. Was the service covered (not denied) under the enrollee's health plan? Yes No

12. Is a health care appeal currently pending on the health care services that are the subject of the surprise bill? Yes No

13. Was a health care appeal previously decided for the health care services that are the subject of the surprise bill? Yes No

14. If the response to the previous question was "Yes," on what dates were the appeal submitted and decided by the insurer?

SUBMITTED	DECIDED
M/DD/YYYY	M/DD/YYYY

15. If the healthcare appeal was submitted to the Department of Insurance, when was the appeal submitted and decided?

SUBMITTED	DECIDED
M/DD/YYYY	M/DD/YYYY

16. Did the enrollee institute a civil lawsuit or other legal action against the insurer or healthcare provider related to the surprise out-of-network bill or the healthcare services provided? Yes No Unknown

17. If the billing dispute resolution request is determined to be eligible for arbitration, indicate how the insurer will conduct the informal settlement teleconference ("IST"):

By creating a teleconference call by calling out to each of the parties

By having the parties call into the teleconference using the following information:

PHONE NUMBER:	CONFERENCE #:	AUDIO PIN:

Other (*describe below*):

UPLOAD ALL OF THE FOLLOWING DOCUMENTS to the surprise out-of-network billing dispute resolution system found online at <https://azinsurance.online/soonbdrs>:

- 1) The completed and saved version of this document.
- 2) A copy of each explanation of benefits (EOB) sent to the enrollee pertaining to this case.
- 3) A copy of each explanation of payments (EOP) sent to the provider pertaining to this case.

QUESTIONS? Please try to *first* find the answer(s) on our website before emailing or calling us.

📄 <https://difi.az.gov/soonbdr> | ✉️ soonbdr@difi.az.gov | ☎️ (602) 364-2399