

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



**REQUEST FOR INFORMATION – HEALTHCARE PROVIDER**

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

INSURER NAIC NO.	INSURER NAME
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1. Who is representing the provider in this dispute case?.....  Healthcare Provider/Self

The selected representative:  Billing Company

a) will receive notifications about the status of the billing dispute;  Authorized Representative

b) must timely fulfill steps set forth in Arizona law to prevent a request from being deemed eligible for arbitration and to prevent the provider from having to pay the entire costs of arbitration, and

c) has the full authority to act on behalf of the provider in this matter and to bind the provider legally and financially concerning this matter.

INSURED'S NAME	PROVIDER NAME		
PATIENT'S NAME (if different from insured)	PROVIDER GROUP NAME		
MEMBER ID NUMBER	EMAIL ADDRESS		
GROUP NUMBER	AREA CODE & PHONE NO.		
DATE OF BIRTH M/DD/YYYY	MAILING ADDRESS		
RELATIONSHIP TO INSURED	CITY	STATE	ZIP CODE
NAME OF PROVIDER'S <u>BILLING COMPANY</u>	NAME OF PROVIDER'S <u>AUTHORIZED REPRESENTATIVE</u>		
NAME CONTACT PERSON AT BILLING COMPANY	BUSINESS NAME (if part of mailing address)		
EMAIL ADDRESS	EMAIL ADDRESS		
AREA CODE & PHONE NO.	AREA CODE & PHONE NO.		
MAILING ADDRESS	MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

2. In what type of facility was the health care service provided? <input type="checkbox"/> Diagnostic Imaging Center <input type="checkbox"/> Health Care Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> Other: _____	Date of Service	M/DD/YYYY
	Amount Billed By Provider	\$
	Amount Paid By Insurer	\$
	Enrollee Copayment	\$
	Coinsurance	\$
	Deductible	\$
	Paid by Enrollee	\$
UNPAID COST-SHARING:		\$

3. Which **State of Arizona agency, board or commission** issued you the license to provide the type of healthcare service you provided relating this billing dispute case?

NAME	DATE ISSUED	EXPIRATION DATE
	M/DD/YYYY	M/DD/YYYY
LICENSE NUMBER	TYPE/CLASS OF LICENSE	

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 with the health insurer 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

Per Arizona Revised Statute § 20-2801(3): "Emergency services" means health care services that are provided to an enrollee in a licensed hospital emergency facility by a provider after the recent onset of a medical condition that manifests itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in any of the following: (a) Serious jeopardy to the patient's health, (b) Serious impairment to bodily functions, (c) Serious dysfunction of any bodily organ or part."

8. Did you provide a notice to the enrollee in accordance with A.R.S. § 20-3113(A)(2) that provided all the following information?.....  Yes  No

- a) The name of the healthcare provider and notice that the provider is not a contracted provider,
- b) The estimated cost that the provider would bill for the healthcare service,
- c) Notice that the enrollee is not required to sign the notice to receive the healthcare service, and
- d) Notice that by signing the notice, enrollee waives the right to arbitration for the bill.

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

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

11. If the response to Question 10 was "Yes," on what dates were the appeal submitted and decided by the insurer? .....

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

12. 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

13. 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

## FINAL INSTRUCTIONS

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

- A **fully completed and saved** version of this *Request For Information* form.
- A **copy** of the bill(s), statement(s) and correspondence **issued to the enrollee** as it relates to the amounts owed.
- If the healthcare service **was not provided for, or directly related to, emergency services**, you must provide a copy of the written, dated disclosure that you provided to the enrollee that:
  - a) states the name of the healthcare provider and that the provider is not a contracted provider;
  - b) provides the estimated cost that the provider would bill for the healthcare service;
  - c) provides notice that the enrollee is not required to sign the notice to receive the healthcare service, and that by signing the notice, enrollee waives the right to arbitration for the bill.

**IMPORTANT:** *If the enrollee signed the disclosure notice, you must provide a copy of the signed notice.*

- A **copy of each** explanation of payment (EOP) you received from the enrollee's health insurer that pertains to this billing dispute case.
- If the healthcare provider **is being represented by the provider's billing company or by an authorized representative**, a document, signed by the provider, giving the representative the authority to legally and financially bind the provider in this matter.

**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](mailto:soonbdr@difi.az.gov) |  (602) 364-2399