

Payor Resolution Request

Thank you for contacting GEHA's Connection Dental Network regarding your concerns. To expedite resolving your issue with the payor please fill out this form in its entirety and include all related Explanation of Benefits (EOB) and/or supporting documentation. Once all information is submitted, please allow 60 business days for resolution. For fastest service please do not send in the information more than once for each payor.

Questions regarding your participation/selection status:

Contact the payor directly for your participation/selection status within each of their network plans or products, and/or for a complete list of all network plans and products the payor offers to consumers, as applicable.

Your Contact information	
Name:	Title:
Email:	Phone Number:
Treating Provider/Location	
First Name:	Last Name:
Individual NPI 1:	Tax ID:
Treating Address:	

The Network Identifier can be found under the remarks/notes section of the EOB which is typically located at the bottom of the EOB. If you are unable to locate this information and the allowable amount listed does NOT match your contracted fee schedule, please contact the Payor directly to verify what network the claim is processed through prior to submitting this request.

Payor information (Insurance Company)	
Payor Name:	Payor Contact Name:
Did you contact Payor about the issue?	Payor call reference number:
Payor's explanation of service issue:	
How were previous claims with this payor paid?	
Have you termed a direct contract?	
Member information (if no EOB available)	
Member Name:	
Plan Number:	

Which Category best fits the issue you are experiencing?

- _____ **Incorrect fee schedule** - Allowed amounts do not match fee schedule and paid using Connection Dental Network
- _____ **Par** - Payor processing in network after termination date. Please note we can only resolve network issues where the Connection Dental Network discount was applied.
- _____ **Non-par** – Payor paying out of network and provider was previously utilized in network.
- _____ **Tax ID** - Payor is stating wrong Tax ID in system.
- _____ **Billing/Mailing Address** – recent change of address.
- _____ **Other** - Please explain on additional sheet.

Claims Reprocessing:

In some cases, reprocessing claims can result in an overpayment/underpayment. Please verify that the provider is aware of the potential financial impact when reprocessing claims and that the payor may seek to recoup any overpayment.

_____ Do not reprocess claims - reduces financial impact to your office and member while fixing the issue going forward.

Please Note: Once a provider update is made, some plans may automatically reprocess all affected claims, even if reprocessing is not requested.

_____ Reprocess all claims. (reprocessing claims can result in an overpayment/underpayment)

Please provide the date Range you would like claims reprocessed from: _____ to _____

I acknowledge that once reprocessing begins, reprocessing cannot be stopped.

Signature

Printed Name/Title

Please send completed form with requested documents by faxing 816.257.4439 or email cdserviceissueprd@geha.com.

For questions related to your participation with GEHA's Connection Dental Network, please contact Provider Relations at **800.505.8880, option 3**.

Any changes in your practice status, including but not limited to change of address, Tax ID, fee schedule can change your participation/selection status with the payors. If you have a recent change in any of these demographics, **please allow 60 days for payors to update their information.**