

PROVIDER INQUIRY REQUEST

This form should not be used if you wish to submit a provider dispute requesting Health Net's reconsideration of a claim denial or adjustment; request for reimbursement of overpayment; or other contract issue. For provider disputes, use the Provider Dispute Resolution Request form. Send completed Provider Inquiry Requests to:

Health Net P.O. Box 9103 Van Nuys, CA 91409-9103 Health Net Medi-Cal Provider Services Center

11971 Foundation Place Rancho Cordova, CA 95670 Medi-Cal Contested Claims

Health Net Medi-Cal Claims Department

P.O. Box 1630

Rancho Cordova, CA 95741-1630

PROVIDER Name: (hospital/facility/physician) PROVIDER ADDRESS: Patient Name: Date of Birth: Medicare ID #: (if appropriate)	Sont by:			ID #:	
Patient Name: Patient Name: Claim ID Number: (if known) Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number	Sent by: Provider Name: (hospital/facility/physi	cian)	PROVIDER ID #:		
Patient Name: Date of Birth:	Provider Name: (nospital/lacinty/physician)				
Patient Name: Date of Birth:	DPOVIDED ADDRESS:		Wedicale ID #. (ii appropriate)	
Member ID Number: Claim ID Number: (if known) Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number	TROVIDER ADDRESS.				
Member ID Number: Claim ID Number: (if known) Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number					
Member ID Number: Claim ID Number: (if known) Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number	Dationt Name:		ı	Data of Dirth.	
Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Telephone Number	Patient Name:			Date of Birtin.	
Service "From/To" Date: Original Claim Amount Billed: Date Sent: INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Telephone Number					
INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	Member ID Number:		Claim ID Number: (if known)		
INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
INDICATE REASON FOR INQUIRY AND PROVIDE A DETAILED DESCRIPTION: Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	Service "From/To" Date:	Original Claim Amo	unt Billed:	Date Sent:	
Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number	Colvido Frontifro Bale.	Original Glaim 7 and	ant Billea.	Bate cont.	
Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number					
Inquiry Type: Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number					
Resubmission of contested claim with missing information (requested individual claim documents attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Title Telephone Number					
attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	inquiry Type:				
attached Status of claim (for example, no receipt of payment) Clarification on calculation of payment Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	Resubmission of contested claim with missing information (requested individual claim documents				
Status of claim (for example, no receipt of payment) ☐ Clarification on calculation of payment ☐ Assistance in determining member responsibility ☐ Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
□ Clarification on calculation of payment □ Assistance in determining member responsibility □ Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	☐ Status of claim (for example, no receipt of payment)				
Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
Assistance in determining member responsibility Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	☐ Clarification on calculation of payment				
Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
Corrected billing (additional charges previously not submitted) SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	Assistance in determining member responsibility				
SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
SPREADSHEET ATTACHED: YES NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
☐ YES ☐ NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	☐ Corrected billing (additional charges previously not submitted)				
☐ YES ☐ NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
☐ YES ☐ NO, individual claim(s) attached Contact Name (please print) Title Telephone Number					
☐ YES ☐ NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	CDDE A DOUGET ATTA CHED.				
NO, individual claim(s) attached Contact Name (please print) Title Telephone Number	SPREADSHEET ATTACHED.				
Contact Name (please print) Title Telephone Number	│ □ YES				
Contact Name (please print) Title Telephone Number	NO, individual claim(s) attached				
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·	Contact Name (please print)	Title		Telenhone Number	
Signature Date	Contact Name (piease pilit)	TILLE		relephone Number	
Signature Date					
	Signature	Date			