



SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST

REQUEST FOR INFORMATION - HEALTH INSURER

The Arizona Department of Insurance 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.		ADOI Case #:	Notice Date:	
Insurer NAIC #:	Insurer Name:			
Insurer Contact Person Name:	Phone:	Email:		
Mailing Address:		City:	State:	ZIP Code:
Insured's Name:		Member ID Number:	Group Number:	
Patient's Name:		Date of Birth:	Relationship to Insured:	
Provider Name:	Phone:	Email:		
Provider Group Name:				
Date of Service:	\$ Billed by Provider*:	\$ Paid by Insurer*:		
Copayment \$*:	Coinsurance \$*:	Deductible \$*:	Enrollee's Balance*:	
*Enclose associated EOBs and EOPs				
What is the health care provider's specialty area as it relates to the surprise billing? <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Audiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> Emergency Physician <input type="checkbox"/> Endocrinology <input type="checkbox"/> Equipment (Durable Medical) <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Hematology <input type="checkbox"/> Immunology <input type="checkbox"/> Otolaryngology <input type="checkbox"/> Pain Management <input type="checkbox"/> Neurology <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Optometry/Ophthalmology <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pathology <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Rehabilitation <input type="checkbox"/> Plastic/Reconstructive Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatry/Psychology/Behavior <input type="checkbox"/> Pulmonology <input type="checkbox"/> Radiology <input type="checkbox"/> Urology <input type="checkbox"/> Other: _____				
What type of health care service was provided? <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Drug/Alcohol Treatment <input type="checkbox"/> Emergency <input type="checkbox"/> Equipment (DME) <input type="checkbox"/> Laboratory/Pathology <input type="checkbox"/> Orthopedic <input type="checkbox"/> Physical/Occupational Rehabilitation <input type="checkbox"/> Drugs/Medicine <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery <input type="checkbox"/> Other: _____				
In what type of facility was the health care service provided? <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Health Care Laboratory <input type="checkbox"/> Diagnostic Imaging Center <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> Other: _____				
In what Arizona county were health care services provided?				
Were the services provided in a contracted network facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Was the provider contracted on the date of service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were the services either “emergency services” or services directly related to an emergency provided during an inpatient admission?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the coverage issued to an insured/policyholder located in Arizona?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the enrollee reside in Arizona?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which of the following describes the health insurance coverage:			
<input type="checkbox"/> The coverage is fully insured			
<input type="checkbox"/> The coverage is a self-insured plan that was NOT preempted by ERISA			
<input type="checkbox"/> The coverage is a self-insured plan that was preempted by ERISA			
<input type="checkbox"/> The coverage is a self-insured plan covering Arizona state government employees			
Type of policy (<i>for POS, use HMO or PPO as applicable</i>)	<input type="checkbox"/> HMO/HCSO/EPO	<input type="checkbox"/> PPO	<input type="checkbox"/> Limited Benefit
	<input type="checkbox"/> Other: _____		
Was the service covered (not denied) under the enrollee’s health plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a health care appeal currently pending on the health care services that are the subject of the surprise bill?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a health care appeal previously decided for the health care services that are the subject of the surprise bill?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If the response to the previous question was “Yes,” on what dates were the appeal submitted and decided by the insurer?	Submitted (mm/dd/yyyy)	Decided (mm/dd/yyyy)	
• If the healthcare appeal was submitted to the Department of Insurance, when was the appeal submitted and decided?	Submitted (mm/dd/yyyy)	Decided (mm/dd/yyyy)	
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No or unknown
If the billing dispute resolution request is determined to be eligible for arbitration, indicate how the insurer will conduct the informal settlement teleconference (“IST”):			
<input type="checkbox"/> By creating a teleconference call by calling out to each of the parties			
<input type="checkbox"/> By having the parties call into the teleconference using the following information:			
Phone Number:		Conference #:	Audio PIN:
<input type="checkbox"/> Other (describe below):			
<p>UPLOAD ALL THE FOLLOWING DOCUMENTS INTO THE SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION SYSTEM at https://azinsurance.online/soonbdrs</p> <ul style="list-style-type: none"> • The completed and saved version of this document • A copy of each explanation of benefits (EOB) sent to the enrollee pertaining to this case • A copy of each explanation of payments (EOP) sent to the provider pertaining to this case 			

QUESTIONS? See if the answer is on our website at <https://insurance.az.gov/soonbdr>, and if not, send e-mail to soonbdr@azinsurance.gov, or call our Surprise Out-of-Network Billing Dispute Resolution Analyst at (602) 364-2399.