AmeriHealth

05/2022

Provider Network Services inquiry request

For use by Community Providers as outlined in the *Provider Manual for Participating Professional Providers*. A Network Coordinator will be assigned to review and respond to your inquiry.

Submitter/Contact information		
Name:		Date:
Email address:		
Phone number:		
Provider type		
☐ PCP	☐ Specialist	☐ Hospital/Ancillary
Provider information		
Practice/Group TIN:	Practice/Group NPI:	
Practice/Group name:		
Practice/Group address:		
Practice/Group city, state, ZIP:		
Request type		
☐ Claim payment discrepancy ☐ Capitation roster/payment-related inquiries	☐ Medical policy/procedural issues related to payments ☐ General education: products, networks, and procedures	
iTrack number (if applicable):		
PEAR portal inquiry number (if applicable):*		

**Requests related to claim payments must first be submitted via PEAR Practice Management using the Claim Search transaction.*

Complete the section that corresponds with the request type selected above to help support our investigation.

Claim payment discrepancy	
Claim type: Commercial: ☐HMO ☐ POS	**Reason for review:** ☐ Timely filing ☐ Authorization on file ☐ Denied for no authorization/referral ☐ Corrected/Updated authorization ☐ Coordination of benefits ☐ Contractual dispute ☐ Overpayment/Underpayment ☐ Modifier pricing ☐ Implants ☐ Incorrect DRG ☐ Not a duplicate service ☐ Other

Member ID#:	Claim number:
Patient name:	Patient DOB:
Date of service:	Authorization #:
Procedure code:	Referral #:
Charges:	
Additional comments:	

Capitation roster/payment-related inquiries
Please describe your specific issue below.

Medical policy/procedural issues related to payments

Please describe your specific issue below.

General education: products, networks, and procedures

Please describe your educational needs below.

Please email your completed form to **ahpnsproviderrequests@amerihealth.com** and allow 30 business days for review.