



Insurance Company, Inc.

Status of a Filed OON Appeal

This form is to receive status on a filed out-of-network appeal only.

<input type="checkbox"/> Out-of-Network Appeal		
<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Ancillary/Facility		
Provider Name:		Practice Name:
Individual NPI:		Group/Ancillary/Facility NPI:
Individual TIN:		Practice TIN:
Date Dispute Filed:	Member Name:	Member ID:
Claim#:	DOS:	Billed Amount:
Dispute Status (CNC to fill out):		
Date Dispute Filed:	Member Name:	Member ID:
Claim#:	DOS:	Billed Amount:
Dispute Status (CNC to fill out):		
Date Dispute Filed:	Member Name:	Member ID:
Claim#:	DOS:	Billed Amount:
Dispute Status (CNC to fill out):		
Contact Person:	Title:	Phone:
Fax:		

OON Appeal status requests may be faxed to the A&G Department at 817-810-5214. Please allow A&G Department 72 business hours to process your request.