



SAMPLE

CLAIMS PENDING INVESTIGATION

DATE:

911111111 PR2414

PROVIDER REGENCE, MD

Patient Name	Member ID	Account No.				
Dates of Service	Branch	Dep. No.	Claim No.			
L.I.CTL#	T/S	Procedure	U/S	Disp.	Charge	Investigation Reason(s)
SUBSCRIBER JOHN M						
Subscriber	ZLA999889999	A89999				
06/29/05-06/29/05	92300	00	0523717010700	-1		
06/29/05-06/29/05	74160	1		3	552.00	Duplicate claim-refund amt \$985.23 - 3
06/29/05-06/29/05	72193	1		3	561.00	Notify w/in 30 days or autodeduct occurs - 4
06/29/05-06/29/05	Q9946	50		3	131.20	
			Claim Total		1244.20 - 2	5 'ok to finalize'
SUBSCRIBER JANE D						
CHILD MEMBER	ZLA999999999	B77778				
08/25/05-08/25/05	93200	01	0524434035000			COB adjustment-Refund amt \$1980.62. - 6
08/25/05-08/25/05	70491	1		3	552.00	Letter to follow.
08/25/05-08/25/05	71260	1		3	552.00	
08/25/05-08/25/05	74160	1		3	552.00	
08/25/05-08/25/05	72193	1		3	561.00	
08/25/05-08/25/05	Q9947	200		3	179.88	
			Claim Total		2396.88	

1. Claim number of adjustment or refund request.
2. Total charge of claim submitted.
3. Reason recoupment is being requested.
4. Action desired from provider.
5. Note in writing here to indicate on pend report if recoupment is 'ok to finalize'. If additional time is needed contact customer service or email our refund department.
Customer Service 1-800-848-5424 or access this link <http://wa.regence.com/boeing/service> and choose the appropriate Boeing Plan, or email regencerecovery@regence.com (for Boeing members WA_BoeingRefunds@regence.com.)
6. COB and other party liability (OPL) recoupment requests will be identified on the report. A letter will follow giving details of recoupment request.

When completed, fax pend report to:

For Boeing members: 1-877-357-3418
For all other members: 1-206-626-6227