

If you have not previously addressed this issue with Decent please call 1-866-Heart-Us to speak with a representative. This matter should undergo a preliminary review before filing a dispute.

Filling out this completed form will constitute a provider initiating a formal Dispute with Decent and will trigger Decent's Dispute Resolution Process.

1.) Please complete this form (all fields with * are required)

2.) **Submit to Decent**

By Mail: Decent, PO Box 4366, Seattle, WA 98194

By Fax: (512) 729-7178

By Secure Email: support@decent.com

4.) PROVIDER INFORMATION:

* Provider Name:

* Provider NPI:

* Provider Tax ID Number:

* Provider Address:

* Phone:

* Fax:

* Email:

* PROVIDER TYPE (select one):

Physician

Ancillary

Hospital

Skilled/General Nursing Facility

Durable Medical Equipment

Rehabilitation Center

Ambulance

Assisted Living Facility

Ambulatory Surgical Center

Home Health

Other (please specify): _____

* DISPUTE INFORMATION (select one)

Contracted Rate

Timely Filing

Out-of-network review

Benefits decision

Claims Messages

Health plan refund request

Prompt Payment

Request for additional information

Other (please specify): _____

*DISPUTED CLAIM INFORMATION

(If there are multiple claims being disputed please attach as a formatted table)

* Provider Name:

* Patient's Member ID:

* Claim ID:

* Dates(s) of Service:

DISPUTE DESCRIPTION

Check here if supporting documentation is enclosed

Please be specific and include how you would like this to be resolved: