MAG Physician Health Plan Claims/Issues Resolution Form

Physicians (and staff) who would like to request MAG's assistance to recover disputed claims from health insurance plans should complete this form and submit it to Cam Grayson with MAG by e-mail at cgrayson@mag.org or by fax at 678.303.3732 or by mail at 1849 The Exchange, Atlanta, GA 30339. MAG will charge the physicians that use this service a recovery fee, including 10 percent of any claims recovered for members of MAG or GSA who have signed agreements with MAG for this service and 25 percent of any claims recovered for non-members. If a practice that includes both members and non-members submits claims for assistance, the individual physician's claims will serve as the basis for the recovery fee (e.g., if physician A is a member and physician B is a non-member, the recovery fee for physician A will be 10 percent while the recovery fee for physician B will be 25 percent). MAG will not collect money from patients. MAG does not offer legal advice or practice management training. **Practices must appeal their claims and exhaust every contractual remedy available to them before submitting this form to MAG**. For issues not directly related to the recovery of funds, MAG will provide its members and members of participating specialty societies with a preliminary consultation of up to one hour of staff time at no charge. MAG will refer practices to an outside attorney for consultations that require more than one hour of staff time – and the practice will be responsible for any fees that are required by the referral attorney. MAG will not charge a fee for referrals.

Physician name and MAG member ID number: _____

Practice name and address: _____

_____

Contact person and telephone number: _____

Which of the following administrative and/or payment problems apply to you? Select all that apply:

- ☐ Denial or preauthorization
- ☐ Denial of payment with preauthorization number or after preauthorization obtained
- ☐ Lost claims by health plan
- ☐ Lost documentation by health plan
- ☐ Data entry error by health plan
- ☐ Incorrect/partial payment (Specify outstanding $ amount)
- ☐ Late payment (specify number of days and amount)
- ☐ Extensive or additional documentation requested
- ☐ Retrospective audit or review process
- ☐ Telephone hassles
- ☐ Outdated physician directory information from health plan
- ☐ Problems with Website benefit eligibility and/or customer services
- ☐ All-product clause in contract(s)
- ☐ Unable to obtain the fee schedule for services most commonly performed in your physician office
- ☐ Global period applied by health plan is inconsistent with Medicare
- ☐ Medical necessity review process

☐ Outdated patient membership information from health plan
☐ Coordination of benefit issue
☐ _____
☐ Pay-for-performance or other incentive-based program
☐ None of the above

Provide a brief description of the problem (use extra pages if necessary):

_____
_____
_____
_____
_____
_____

List any previous attempts you have made to solve the problem by date: _____

_____
_____
_____
_____

Provide the complete name and address of the insurance or TPP company: _____

_____

Attach all pertinent documentation, including:

Claim forms_____ Appeals and responses_____

Explanation of Benefits form_____ Estimated amount of claim payments due_____

Signed and dated business agreement (gives you and MAG have the authority to share medical information covered by HIPPA)_____

Agreement:

MAG agrees to assist physicians by acting as an intermediary to solve claims payment and other medical insurance problems. The physician agrees to provide requested information and will provide MAG a recovery fee of 10 percent for MAG and applicable specialty society members and 25 percent for non-members of any monies that are paid to the physician as a result of MAG's efforts.

Physician Signature _____ Date _____