



PROVIDER DISPUTE RESOLUTION REQUEST
Supplemental Form for Use with Multiple “Like” Claims

By submitting this form, I agree not to bill the member(s) named on it.
Initials of signatory on main form: _____ For CareAdvantage only, also see back of form.

This form provides additional information for the following dispute resolution request:

Provider Name	To cross-reference this supplemental form with the main form, please give member’s name from main form:	Date
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#	Member Last Name ----- Member First Name	DOB	Health Plan ID #	Original Claim ID #	Service “From/To” Dates	Original Claim Amount Billed ----- Original Claim Amount Paid	Expected Outcome
1							
2							
3							
4							
5							

Check here if additional information is attached. *(Please do not staple additional information.)*
 This is Supplemental Form # ____ of ____ supplemental forms for this request.

<p>For Health Plan Use Only</p> <p>Tracking #:</p> <p>Provider ID #:</p>

HEALTH PLAN OF SAN MATEO
 PROVIDER DISPUTE RESOLUTION REQUEST
SUPPLEMENTAL FORM (SIDE 2)

- I am NOT a CareAdvantage Contracted Provider. *(Please complete and sign the waiver below.)*
- I am a Contracted Provider. *(Please disregard the waiver.)*

**HEALTH PLAN OF SAN MATEO
 WAIVER OF LIABILITY STATEMENT**

Member Name #1 from reverse side	Member ID / Member HIC Number
Member Name #2 from reverse side	Member ID / Member HIC Number
Member Name #3 from reverse side	Member ID / Member HIC Number
Member Name #4 from reverse side	Member ID / Member HIC Number
Member Name #5 from reverse side	Member ID / Member HIC Number
Provider Name <i>Health Plan of San Mateo</i> Health Plan	Dates of Service
<p>As a provider of the mentioned member(s) , I hereby waive any right to collect payment from the mentioned member(s) for the mentioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR §422.600.</p>	
Signature	Date
<i>H5428_CA_3070_08 (approved 02/08/2008)</i>	