

**Billing Dispute –Claims Review
EXPEDITE INTERNAL ROUTING**

Provider Tax ID: _____ Rider # : _____

Telephone Number: _____

The majority of issues can be resolved with a phone call to Customer Service at 1-800-462-5680 or Professional Relations at 1-800-245-6024

Date: _____ Office Contact: _____

Please indicate in the letter the following information:

- Member ID number (including alpha-prefix if applicable)
- Issue
- Reasons for dispute
- Outcome desired
- Claim(s) number
- Supporting Documentation

Examples of Supporting Documentation Include:

Operative report(s)
AMA related article(s)
Chart notes

Mail to :

**Asuris Northwest Health
“Billing Dispute / Claims Review”
P.O. Box 21267
Seattle WA 98111-3267**

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