Redirect Health Claim Payment Negotiation Request Form

For non-participating providers to initiate the negotiation process under the No Surprises Act, to dispute an initial claim payment

Non-participating providers may dispute the initial amount paid on a claim for emergency, air ambulance, or other professional services that are in scope for the No Surprises Act (NSA). To initiate the 30-day negotiation process provided under the NSA, complete and send this form to Redirect Health, Inc. (RDH), along with a copy of the remittance advice. The 30-day negotiation period starts when we receive a fully completed request form and remit statement. Any dispute that is not settled within the 30-day period may be referred to an independent federal arbitrator.

CONTACT PERSON	Contact Person (for this request)	Phone	Email

REQUESTING ENTITY	Provider, Group, or Facility requesting this review
REASON(S) FOR REQUEST	Explain the reasons why you are disputing the initial payment amount. If available, list the evidence or sources of information that you wish to offer in support of your position.

REQUIRED INFORMATION

Provider Name	Provider NPI	Provider Tax ID

Member Name	Member ID

Claim Number	Date of Service	Service Code	Initial Payment	Offer for Total Amount (including cost-share)
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

Attestation and Authorized Electronic Signature

I am (name, title) _____
and I am authorized to submit this request. By entering my name in the electronic signature box below, I attest that the information on this form is accurate and complete to the best of my knowledge, information, and belief.

/s/ _____ ____ /____ /_____ Date

Authorized Signature (mm/dd/yyyy)

Email your completed request form (all fields required) and a copy of the remit to NSArequests@redirecthealth.com