

Practice Issue Reporting Form

Purpose: Use this form to request assistance from a Prepaid Health Plan (PHP) or Clinically Integrated Network (CIN).

Date:

Contact information of person submitting form:

- Name:
- Email:
- Phone:
- Title:
- Name of Organization:
- Group NPI Number:

Provide detailed description of issue:

If applicable, list other entities involved in issue (CIN, PHP, NCTracks, etc.):

What actions have already been done to try to resolve this issue? Be specific and include dates, times and any reference numbers for calls/tickets:

Briefly describe the impact on clinical care and/or revenue:

Urgency: Low Medium High

Type of Issue: Clinical Payment Claim Denial Provider Issue

Other (explain):

Email this form with attached supporting documentation to the respective organization(s). Remove patient health & demographic information.

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NC AHEC Program | 145 N. Medical Drive, Chapel Hill, NC 27599 | ncahec.net | 919-966-5830
Mountain Area Health Education Center (MAHEC) developed this form and it was approved by NC Medicaid.