

Innovative Integrated Health, Inc.  
Attn: Claims Department  
P.O. Box 869008  
Plano, TX 75086



## PROVIDER DISPUTE RESOLUTION FORM CLAIMS

### Instructions:

- 1) Complete the blank fields below.
- 2) Include a statement explaining your reason(s) for this dispute as well as your desired outcome(s).
- 3) Attach any relevant documentation (e.g. authorizations, delivery tickets, medical records, etc.)
- 4) Sign and send the address as indicated on the top left corner of this form.

CLAIM NUMBER:	DATE(S) OF SERVICE:
PATIENT NAME (LAST, FIRST):	BILLED AMOUNT:

Briefly include a statement below explaining your reason(s) for this dispute and/or any modification request/update to the decision Innovative Integrated Health, Inc. (IIH) has made on your claim. IIH will reach out if any additional information is needed. Otherwise, IIH will review and respond within thirty (30) calendar days from the date it receives this form.

Provider Office Name:

Phone Number: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature:

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Additional Information Regarding IIH's Provider Dispute Resolution (PDR) Process:

If your claim has been denied for any reason(s) during IIH's review process, you have the right to submit a provider dispute for redetermination. Providers have three hundred sixty-five (365) calendar days from the remittance advice date of the original claim to submit their dispute. The IIH Claims Department has thirty (30) days from the date it receives the dispute to finalize its determination and resolution.

You may submit your dispute via mail at the following address:

Innovative Integrated Health, Inc.

Attn: Claims Department

P.O. Box 869008

Plano, TX 75086

OR

Directly on IIH's Provider Portal\*: <https://portal.pacebyiih.com/>

\*To sign up for access to the portal, please reach out to IIH's Provider Relations Department\*

OR

Via secure e-mail directly to IIH's Claims Department at [claims@innovativeih.com](mailto:claims@innovativeih.com)

With subject line: **Claim PDR Submission**

Provider disputes on claims must include the following information for processing:

- ☐ Completed PDR form
- ☐ Copy of the original or corrected claim
- ☐ Supporting documentation related to the billed goods or services