EMERGENCY CLAIMS REVIEW

HMO Name_____ Date_____

Subscriber: _____

Claim Number: _____

Policy Type & Number: _____

Effective Date of Policy: _____

Plan Code: _____

Date of Service: _____

Date Claim Received: _____

Date Claim Reviewed: _____

Procedure Codes Billed: _____ _____ _____

_____ _____ _____

Procedure Codes Paid: _____ _____ _____

_____ _____ _____

Circle One:	In-Network	Out-of Network
	Approved	Denied
Method of Payment:	Provider's Charges	URC
	Agreed Amount	Other (explain)

_____