

Qualified Payment Amount (QPA) Dispute Form for Providers

Disclaimer: All fields must be completed with accurate information to ensure processing. If a field is incomplete or contains inaccurate information, the claim/dispute will be rejected with a response indicating that and it should be resubmitted. This form is for disputing the qualified payment amount (QPA) received as a result of the No Surprises Act. Submit one for each claim. You will receive a response within 30 business days.

Please submit this form to QPA@imsm.net

Name of person submitting the dispute:

Job title of person submitting the dispute:

Email of person submitting the claim:

(Email must be listed correctly in order to receive tracking number)

Direct phone number of person submitting dispute:

Please indicate if this is a new request or if you are resubmitting an earlier dispute.

Claim Type:

Professional

Facility

Air Ambulance

If for a professional claim, please list the name:

If for a facility claim, please list the health system name:

Practitioner Name

National Provider Identifier (NPI):

IMS claim number:

(This is listed on the EOB)

List all applicable service codes you are disputing:

Date(s) of service or admission date:

County and zip code where the service was performed:

Member Name:

Member Date of birth:

IMS Member ID

(e.g. S123456 1234)

Initial payment amount provided, specifically, the allowed amount which includes the patient cost share.

Your proposed total out of network rate:

(Including any cost sharing)

Your Internal Tracking ID:

In the event you have your own tracking mechanism (Patient ID, Encounter, etc.) and you want to associate it with this request, you have the option of listing it here.
