PacificSource
Community Solutions

Claim Research Request

Use this form to request claim reprocessing and review.

Note: If you have more than three claims, please use an Excel spreadsheet to submit the data asked for below. Requests in other formats will not be accepted.

Contact Information

Who should PacificSource contact regarding this request?

Name _____

Email _____ Phone _____

Claim Information

Provider Name (the individual rendering provider on the claim) _____

Group Name (associated group or facility name) _____

Tax ID (associated with the provider/group) _____

Member's Name* _____ Member's PacificSource ID Number* _____

Date of Service* _____ Claim Number (if known)* _____

* If there are multiple numbers or dates for this claim, please write "multiple."

Reason for research request or information for up to three claims (member name, ID number, claim number, date of service. Please be as clear as possible so the analyst with the appropriate direction to resolve the issue. Example: "Claim denied for no PA on file. PA #123456 was obtained for service. Please review.")

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If the claim involves prior authorizations, referrals, or in-patient stays, include the PacificSource authorization/reference number _____

Please Return the Form to Our Government Claim Research Team

Send this form by secure email to: **govtclaimresearch@pacificsource.com**