8604 Allisonville Road, Suite 325
Indianapolis, Indiana 46250
317-237-5770 317-237-5777 Fax

Dispute Resolution Form and Record
Part 1: Documentation of Dispute

I. General Information

	Name	Title	Date	Time
Person who completed this form:				
Provider who is submitting Dispute:	**Provider Name**	**Agency**	**Primary Work Address**	
	Work Phone	**Work Fax**	**Work Email**	

II. Description of the Dispute (please provide all relevant information and attach documentation and/or typed summary as appropriate.)

III. Description of Provider Request to Resolve the Dispute (Please state what you are looking for regarding the resolution of this dispute. Attach a written summary as needed)

Were Consumers Involved with the Activity this Dispute is Concerned with? YES NO

IV. Submission: Please submit to the Provider Relations and Network Development Department at the address listed above.

Thank you for taking the time to complete this form. You will be contacted in writing by the Appeal Panel of the outcome of your appeal within 45 days of receipt of all necessary documentation.

V. Internal Use ONLY –Copy to Provider, Copy in Provider File, Entered in Tracking Log YES NO	
Date/Time Rec'd:	**By:**

Dispute Resolution Form and Record
Part 2: Findings/Recommendations

A separate copy of this form should be completed for each level of review (First-Level Appeal, Second-Level Appeal) completed. Use additional sheets if necessary.

Date/Time of Initial Review by the Chairperson of the Appeal Panel:					
Chair Initial Review (circle one):					
Information Incomplete?	**Yes**	**No**	**Immediate Action Required?**	**Yes**	**No**
Please Explain any "Yes" Answers in Lines below:					

VI. Dispute Presentation and Resolution (to be completed by Chairperson)		
Type (circle one)	First Level Appeal	Second Level Appeal
Date Dispute Reviewed by Appropriate Panel:		
Panel Participants:		
Finding and Description of Proposed Steps to Resolution:		
Date Notification Letter Sent to Provider Initiating the Dispute:		
Letter Type (circle one)	First Level Appeal	Second Level Appeal

_____ _____

Signature of Panel Chairperson **Date**