

Provider Submission Form

Humana PPI Issue Resolution Team resolves escalated overpayment issues.													
Humana PPI Issi	ue Resolution Tea	im resolves escalated	d overpayment issu	es.									
		nd authorization requ		tained at www.avai	lity.com.								
ou can also call	PPI customer serv	vice at 800-438-7885.											
PROVIDER NAME: PROVIDER TAX ID NUMBER (required):													
ONTACT NAME:								CONTACT NUMBER: CONTACT EMAIL:					
Provider to complete this section												mana to con	plete this section
	Humana Humana												-prote time section
	member ID				Patient ZIP code								
Reference	number	Patient account	Patient's name	Patient date of	(required if no	Claim	Date of		Overpayment		Current	Amount	
								Total shares		Additional natural attack			Daviaaula aanananta
number	(required)	number (optional)	(Last, first)	birth (required)	patient DOB)	number	service	Total charge	dispute reason(s)	Additional payment expected	status	overpaid	Reviewer's comments
									1				
												†	
							1						
									 			+	
							 					+	
												 	
	1	1							1				