



# ILLINOIS SOCIETY OF EYE PHYSICIANS & SURGEONS

Metro Square One - Suite 120 ■ 10 W. Phillip Rd. ■ Vernon Hills, IL 60061-1730  
847/680-1666 ■ Toll free: 800/838-3627 ■ Fax: 847/680-1682  
E-mail: Rich@RichardPaulAssociates.com ■ Web: www.IEyeMD.org

## Health Plan Relations Committee

# H E L P F O R M

ISEPS members may receive free consulting assistance for problems or questions they encounter relating to third party payor matters. Joy Newby and her staff provide personalized consultations on Medicare coding, claims and related issues. Please use this form when requesting assistance. Attach any pertinent documents such as a denial letter, EOB form, etc. Be brief and specific with your question. Include appropriate diagnosis codes or procedure codes.

**IMPORTANT NOTICE: In compliance with HIPAA regulations, do not provide any protected health information with this form. Patient names and any other identifying information must be redacted.**

Fax this form to ISEPS to 847/680-1682. Allow one week for response. Please write legibly or type.

Today's date: \_\_\_\_\_ # of pages this fax: \_\_\_\_\_

Ophthalmologist's name [required]: \_\_\_\_\_

Practice name: \_\_\_\_\_

Staff person's name: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This is a problem with:  Medicare  Private carrier \*  Other \_\_\_\_\_

*\*If other than Medicare, which carrier?* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VISIT THE ISEPS WEBSITE AND SUBMIT YOUR QUESTION ONLINE: [www.IEyeMD.org](http://www.IEyeMD.org)