

## REIMBURSEMENT AND CPT CODING

Please type or print clearly.

### MEMBER INFORMATION

NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY/UNIVERSITY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CPT CODE(S) \_\_\_\_\_

### DENIAL OF PAYMENT

PROCEDURE PERFORMED AND CPT CODING UTILIZED \_\_\_\_\_

WHAT WAS THE THIRD PARTY PAYER RESPONSE? \_\_\_\_\_

DID YOU APPEAL THEIR DECISION? \_\_\_\_\_

### RESPONSE FROM ASCRS REPRESENTATIVE