

CLAIM ISSUE FORM

Passport Advantage
Attn: Claims Unit
P.O. Box 3805
Scranton, PA 18505
Payer ID #66008
Phone: 1-844-859-6152
Fax: 502-213-8988

PROVIDER INFORMATION

Date:	Provider ID:
Provider Name:	Submitted By:
Contact Number:	

CLAIM/MEMBER INFORMATION

Member Name:	Member ID:
Date of Service:	Total Billed Amount:
Claim Number:	CPT/HCPCS in Question:

CLAIM/MEMBER INFORMATION

Tell us what type of inquiry: Overpayment Underpayment

Please explain the issue you are having with the claim and/or reason for recoup.
Provide Supporting Documentation such as claim and EOP: