



Credentialing & Contract Resolution Form

This form is to be completed by the third-party payer

The third-party payer shall complete and submit this form to the Department within 15 working days. Prior to completing this form, the third-party payer shall contact the provider directly and resolve all issues stated in the complaint. Please contact Consumer Services at 800-686-1526 if there are any questions.

Please enter Complaint Number you are responding to: _____

Please Enter Resolution Details Below:

Has your company contacted the provider about this complaint? Yes No

Select only one Disposition Type below:

System/Processing errors:

Information still needed to process application:

Date information requested: _____

Method of Request: Electronically US Mail

Contractual Change:

Date of notification of contractual change: _____

Credentialing application delay:

Date credentialing application received: _____

Date credentialing application approved/denied: _____

Other Comments (Attach additional sheets as needed): _____

Third-party payer Contact Information:

Person who completed this form _____ Date _____

Title _____ Phone # _____

Fax # _____ E-mail _____

NAIC number (Federal identification number if no NAIC #) _____