

RRR Form

Please fax to (512) 370-1632

Secure file drop <https://files.texmed.org/filedrop/rrr>

BAA _____

RRR# _____

Physician Name _____ TMA Member# _____

Specialty _____

Address _____

Date Submitted _____ Contact Person _____ Title _____

Email _____ Phone _____ Fax _____

Name of Insurance _____ Amount in Dispute _____

Request in Relation to:

- | | | | |
|---|--|---|--|
| ☐ Commercial HMO | ☐ Medicaid (TMHP) | ☐ Medicare Advantage Plan | ☐ Third-Party Administrator |
| ☐ Commercial PPO | ☐ Medicare (Novitas) | ☐ Pharmacy Benefit Manager (PBM) | ☐ Tricare |
| ☐ Medicaid (HMO) | ☐ Medicare Part D – Drug Plan | ☐ Class Action Settlement | ☐ Workers' Comp |

Type of Problem:

- | | |
|---|--|
| ☐ Appeal Pending | ☐ Inaccurate Data Entry by Insurer |
| ☐ Excessive Telephone Hold Time/Busy | ☐ Medical Record/Documentation Requests |
| ☐ Preauthorization | ☐ Nonrecognized/Incorrect/Omitted CPT, HCPCS, Modifiers |
| ☐ Bundling | ☐ Overpayment/Refund Request |
| ☐ Claim Denial | ☐ Payment Delay |
| ☐ Claims/Documents Lost | ☐ Out of Network |
| ☐ Downcoding | ☐ Quantity Billed Amounts |
| ☐ Filing Deadline | ☐ Referral Denial |

Other (specify): _____

Brief Description of the Problem (required):

Important: To achieve optimal results using TMA's Reimbursement Review and Resolution Services (formally known as the Hassle Factor Log Program), please review the RRR Form User Guide for complete program guidelines. For HIPAA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information. The RRR Form User Guide, BAA, and current version of the RRR form are available at www.texmed.org/RRRServices. TMA and RRR Services are not responsible for missed claims and/or appeal deadlines.

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