



Physicians Caring for Texans

Hassle Factor Log

Mail or fax
(please don't do both) to:
(512) 370-1632 Texas
Medical Association 401 W.
15th St.
Austin, TX 78701-1680

Physician Name _____ TMA Member # _____

Specialty _____ Address _____

Date Submitted _____ Contact Person _____

E-mail _____ Phone _____ Fax _____

Name of Insurance Company _____ Amount in Dispute _____

Name of Network _____

Request in relation to *(circle one):*

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

Type of Problem *(circle all that apply):*

- | | | |
|--|---|-------------------------|
| Appeal Pending | Excessive Telephone Hold Time/Busy | Preauthorization |
| Bundling list specific codes):

_____ | Filing Deadlines | Quantity Billed Amounts |
| | Inaccurate Data Entry by Insurer | Referral Denial |
| | Medical Record/Documentation Requests | Claim Denial |
| | Non Recognized/Incorrect/Omitted CPT, HCPS, Modifiers | Claims/Documents Lost |
| | Overpayment/Refund Request | Downcoding |
| | Payment Delay | Out of Network Payment |

Other *(specify):*

Brief Description of the Problem *(required):* _____

Important: To achieve optima results utilizing the Hassle Factor Log (HFL) Program, please review the *HFL User Guide* for complete program guidelines. The most current version of the form and user guide may be obtained at www.texmed.org/hasslefactorlog. For HIPAA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information (PHI). TMA/HFL program is not responsible for missed claims and/or appeal deadlines.

Any questions, need a BAA? Contact: (800) 880-1300, ext.1414.

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REV.T6020.10/10/17

Internal use only: Entry date: _____ Review date: _____ Process date: _____