



Physicians Caring for Texans

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Commercial HMO | <input type="checkbox"/> Medicaid (TMHP) | <input type="checkbox"/> Medicare Advantage Plan | <input type="checkbox"/> Third-Party Administrator |
| <input type="checkbox"/> Commercial PPO | <input type="checkbox"/> Medicare (Novitas) | <input type="checkbox"/> Pharmacy Benefit Manager (PBM) | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Medicaid (HMO) | <input type="checkbox"/> Medicare Part D – Drug Plan | <input type="checkbox"/> Class Action Settlement | <input type="checkbox"/> Workers’ Comp |

Type of Problem:

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