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

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