

Clean Claim Review Submission Form

Submit all claims to cleanclaims@6degreeshealth.com or fax to 1.888.507.0489. We require the following claim documents to begin our review: UB04.

Provide any additional supporting claim documentation you have received including:

- Itemized Bill
- Plan documents
- UR/UM notes
- Medical Records
- Prior Denials

Please complete the fields below with as much detail as possible.

Referral Contact Information:

Contact Name _____

Contact Phone Number _____

Client Name _____

Contact Email _____

Claim Information

Patient Name _____

Patient Date of Birth _____

Patient Address _____

Gender _____

Provider Contact Name _____

Broker Information

Broker Name _____

Broker Phone Number _____

Brokerage Firm _____

Broker Email _____

Health Plan Information

Plan Name _____

Network (as applicable) _____

Member ID _____

Payment Method - Please check one and add \$ amount:

Group Number _____

☐ Network Discount _____

Plan Type _____

☐ DRG with Outlier _____

TPA Name _____

Payable _____

TPA Contact _____

Other (please specify) _____

Stop-Loss Carrier _____

Payment Due Date _____

Case Management _____

Bill Paid ☐ Yes ☐ No

Case Management Contact _____

If Yes, Amount Paid _____

Additional Notes: