

Date Submitted:	/
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FIRST HEALTH RESEARCH AND RESOLUTION FORM

Billing Provider Name (Last, Fir	st, MI)	Provider ID Number
Name of Contact Person		Contact Number
Member ID		Member Name
Date of Service	Amount Billed	Patient's Name
Detailed Inquiry:		
Detailed Inquiry.		

If you would like to investigate a claim processed through the First Health network, please complete this form and send it to Callie Broughton Reserve National Insurance's Provider Relations Specialist. To aid in the research and resolution of your bill, please attach a copy of the explanation of payment, bill, a copy of the filed claim and any other pertinent information. Submission may be received via fax to (405) 254-2111 or to the following address:

Della Neal Reserve National Insurance Company PO Box 26620 Oklahoma City, OK 73126-0620

Form: FH-Rf(9/10)