

Quad City Community Healthcare

Provider Claim Inquiry Form

Please mail completed form along with documentation if required to:

Quad City Community Healthcare
PO Box 389
Dubuque Iowa 52004-0389

For Provider Claim Inquiry By Telephone
Call Customer Service at:
563-587-5640 or 1-800-457-4 726

Provider Name	Date of Request
Tax ID	Individual NPI
Facility Address	
Contact Name	Contact Phone
Patient Name	
9 Character ID#	Group#
Reason for Inquiry: <input type="checkbox"/> Claim Denied Requesting detailed explanation of claim denial. <input type="checkbox"/> Corrected Claim (must include a copy of the original claim determination or remit, corrected claim form, medical records and or documentation to support the change. <input type="checkbox"/> Coordination of Benefits (include remits or primary or secondary insurance and claim forms. <input type="checkbox"/> Underpayment as per provider agreement <input type="checkbox"/> Overpayment (if a refund check is enclosed, please call customer service to obtain the correct pay to information - some self insured plans require refunds to the employer account. <input type="checkbox"/> Other (complete the comment section below)	
Notes or additional information:	