



Kansas Society of Eye Physicians & Surgeons.

Administrative Office: ♦ 10 W. Phillip Rd., Suite 120 ♦ Vernon Hills, IL 60061-1730
800/838-3627 ♦ Fax: (847) 680-1682

E-mail: RichardPaul@DLS.net ♦ Web: www.KansasEyeMD.org

Health Plan Relations Committee

H E L P F O R M

KSEPS members may receive free consulting assistance for problems or questions they encounter relating to third party payor matters. Joy Newby and her staff provide personalized consultations on Medicare coding, claims and related issues. Please use this form when requesting assistance. Attach any pertinent documents such as a denial letter, EOB form, etc. Be brief and specific with your question. Include appropriate diagnosis codes or procedure codes.

IMPORTANT NOTICE: In compliance with HIPAA regulations, do not provide any protected health information with this form. Patient names and any other identifying information must be redacted.

Fax this form to KSEPS to 847/680-1682. Allow one week for response. Please write legibly or type.

Today's date: _____ # of pages this fax _____

Ophthalmologist's name [required]: _____

Practice name: _____

Staff person's name: _____

Phone (with area code): _____ Fax: _____

E-mail Address: _____

This is a problem with: Medicare Private carrier * Other _____

**If other than Medicare, which carrier?* _____

You may reproduce this form for future questions.