

FIRST HEALTH RESEARCH AND RESOLUTION FORM

Billing Provider Name (Last, First, MI)		Provider ID Number
Name of Contact Person		Contact Number

Member ID		Member Name
Date of Service	Amount Billed	Patient's Name

Detailed Inquiry:

If you would like to investigate a claim processed through the First Health network, please complete this form and send it to Reserve National Insurance. 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:

MedMutual Protect
PO Box 26620
Oklahoma City, OK 73126-0620