Attachment 20 - Acknowledgement Letter

**ACKNOWLEDGEMENT LETTER**

Dear Provider:

Inland Empire Health Plan (IEHP) received an inquiry regarding the claim(s) listed below. We will review and a resolution will

be sent.

If you have any questions, please contact the **IEHP Provider Call Center at (909) 890-2054 or (866) 223-4347** and reference the claim number listed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Acct #** | **Member Name:** | **Date(s) of Service:** | **Total Billed****Amount:** | **IEHP Claim****Number:** | **Date****Received:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sincerely,

Claim Specialist

Inland Empire Health Plan

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