CLAIM RESOLUTION FORM

151 East 22nd Street
Suite 103
Lombard · IL 60148
P 630 620 7421
F 630 620 7894
www.rigbygroup.com

EMPLOYER .....

E-MAIL ADDRESS .....

INSURANCE COMPANY .....

EMPLOYEE NAME ..... SS# .....

PATIENT NAME .....

DATE OF SERVICE .....

BILLING PROVIDER .....

AMOUNT .....

SUMMARY OF PROBLEM

(Please include copies of the explanation of benefits, bills and any other paperwork to help resolve this problem)

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FOR OFFICE USE ONLY

Date	Action Taken

Initials _____
Entered _____
Completed _____

Resolution _____