Independent Dispute Resolution

Patient:

Claim Number(s):

Date of Service:

Dear Provider:

Our records indicate that you rendered emergency services to the above patient and the date indicated above. According to our records, you are an out-of-network provider. Our allowable charges for service(s) you provided are as follows:

Please contact us at \_\_\_\_\_\_\_\_ to discuss your payment for these services. If we are unable to reach an agreement with you during the 30-day period required for negotiation by 24-A M.R.S. s 4303-C(2)(E) and Maine Bureau of Insurance Rule 365, you may request an Independent Dispute Resolution (IDR).

For information on how to request IDR, please visit the Maine Bureau of Insurance website at [https:www.maine.gov/pfr/insurance/home](https://www.maine.gov/pfr/insurance/home).

Under Maine law, the patient’s responsibility for covered out-of-network emergency services is limited to the enrollee’s share of the charge for in-network emergency services as specified in the policy. Please contact us at \_\_\_\_\_\_\_\_ for information on the patient’s plan.