DMBA
150 Social Hall Avenue, Suite 170
P.O. Box 45530 • Salt Lake City, UT 84145
Telephone: 801-578-5600 • Toll free: 800-777-3622
Fax: 801-578-5901 • Website: www.dmba.com

IMPORTANT: Under ERISA (the federal law that governs the patient's health plan), DMBA is required to administer the plan in accordance with its written provisions and terms and cannot make any exceptions.

PROVIDER REVIEW FORM

TYPE OF REVIEW (choose one below)

- ☐ Medical/Dental claim
- ☐ Pharmacy claim
- ☐ Corrected bill/coding change
- ☐ Medical/Dental preauthorization
- ☐ Pharmacy preauthorization

REVIEW INFORMATION

Contract holder:_____ Patient: _____

DMBA ID number: _____ Authorization number(s) (if applicable): _____

Claim number(s):_____

Provider name: _____ Tax ID number: _____ NPI:_____

Provider address: _____

Provider contact: _____ Contact's daytime phone:_____

Tell us below why you are requesting a review of this claim. Attach a separate sheet of paper if necessary: _____

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Please send all documentation, including this form, to DMBA, P.O. Box 45530, Salt Lake City, UT 84145. You may also fax it to 801-578-5901.