**Information on the Parties and Item(s) and/or Service(s)**

Spine Medical Services, PLLC/ **{{doctor\_header}}** is initiating an open negotiation period with **{{insurance}}** for the out-of-network rate of the following item(s) and/or service(s). To negotiate, please contact me ({{name\_from\_signup}}) at the e-mail address or telephone number below:

Item(s) and/or service(s) [insert additional rows as appropriate]

|  | Description of item(s) and/or service(s) | Claim Number | Name of provider, facility, or provider of air ambulance services, and National Provider Identifier (NPI) | Date provided | Service code | Initial payment *(if no initial payment amount, write N/A)* | Offer for total out-of- network rate (including any cost sharing) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | {{description\_1}} | {{claim\_no\_1}} | {{provider\_name\_1}}  {{doctor\_name\_1}} | {{dos\_1}} | {{cpt\_code\_1}} | {{initial\_payment\_1}} | {{offer\_value\_1}} |
| 2. | {{description\_2}} | {{claim\_no\_2}} | {{provider\_name\_2}}  {{doctor\_name\_2}} | {{dos\_2}} | {{cpt\_code\_2}} | {{initial\_payment\_2}} | {{offer\_value\_2}} |
| 3. | {{description\_3}} | {{claim\_no\_3}} | {{provider\_name\_3}}  {{doctor\_name\_3}} | {{dos\_3}} | {{cpt\_code\_3}} | {{initial\_payment\_3}} | {{offer\_value\_3}} |
| 4. | {{description\_4}} | {{claim\_no\_4}} | {{provider\_name\_4}}  {{doctor\_name\_4}} | {{dos\_4}} | {{cpt\_code\_4}} | {{initial\_payment\_4}} | {{offer\_value\_4}} |
| 5. | {{description\_5}} | {{claim\_no\_5}} | {{provider\_name\_5}}  {{doctor\_name\_5}} | {{dos\_5}} | {{cpt\_code\_5}} | {{initial\_payment\_5}} | {{offer\_value\_5}} |
| 6. | {{description\_6}} | {{claim\_no\_6}} | {{provider\_name\_6}}  {{doctor\_name\_6}} | {{dos\_6}} | {{cpt\_code\_6}} | {{initial\_payment\_6}} | {{offer\_value\_6}} |
| 7. | {{description\_7}} | {{claim\_no\_7}} | {{provider\_name\_7}}  {{doctor\_name\_7}} | {{dos\_7}} | {{cpt\_code\_7}} | {{initial\_payment\_7}} | {{offer\_value\_7}} |



Date: {{date\_submitted}}

{{name\_from\_signup}} **Provider/Practice Manager**

Print Name Relationship to person(s) or entity listed above

{{address\_from\_signup}} {{phone\_number\_from\_signup}}

 

Mailing Address Telephone number

**{{email\_from\_signup}}**

Email Address

Please keep a copy of this notice for your records.