OHIO OPHTHALMOLOGICAL SOCIETY
THIRD PARTY PAYER HELP FORM

Ohio Ophthalmological Society (OOS) member practices may receive free assistance for problems or questions related to coding, documentation, denials, and other payer related issues. Please use this form to request assistance.

This service is for OOS practice members only and membership status will be verified. If you are not currently an OOS practice member and would like to take advantage of this service, please contact the OOS office at (614) 527-6799 for membership assistance.

Email this request form and attached scanned/PDF supporting documents to: oos@ohioeye.org

- Do NOT provide any protected health information
- Allow up to one week for a reply

Today's date	
# of pages, including the application	
OOS member physician name	
Practice name	
Your name	
Phone	
Email	
This problem/question is related to which payer (be specific, i.e., if it is a traditional Medicare or Advantage plan, etc.)	

Please provide a brief description of the problem/question/summary of the Issue:
 	
If relating to a claim, include:
  - Date of service
  - A copy of the claim or claim information for CPT, ICD-10 codes, modifiers, etc.
  - If related to an operative report, please attach report
  - Include any actions you have taken to resolve the issue
 	
DO NOT PROVIDE ANY PROTECTED HEALTH INFORMATION	