



Arizona Department of Insurance

**SURPRISE OUT-OF-NETWORK BILLING DISPUTE RESOLUTION REQUEST**

**ARBITRATION DECISION**

ADOI Case #:	Arbitration Date:	Arbitration Time:	
Name of Arbitrator:		Arbitrator Business/Organization Name:	
Insurer NAIC #:	Insurer Name:		
Insured/Enrollee Name:		Patient Name:	
Provider Name:		Billing Company Name:	
<b>Arbitration Participant</b>		<b>Individual's Name</b>	
• For the ENROLLEE (optional attendance):			
• For the HEALTHCARE PROVIDER:			
• For the HEALTH INSURER:			
<b>Summary of Decision:</b>			
\$ Provider Originally Billed		\$ Provider Ultimate Bill	
\$ Enrollee Copayment		\$ Enrollee Copayment	
\$ Enrollee Coinsurance		\$ Enrollee Coinsurance	
\$ Enrollee Deductible		\$ Enrollee Deductible	
\$ Paid to Enrollee by Insurer			
\$ Paid to Provider by Insurer			
\$ Paid by Insurer (to Enrollee + to Provider)		Total to be Paid by Insurer (to Enrollee and Provider)	
<b>Balance Due from Insurer to Provider:</b>			
<b>Due Date for Insurer Payment of Balance Due to Provider:</b>			
<b>Original Amount Billed to Enrollee</b> <i>(excluding Amount Paid by Insurer to Enrollee)</i>		<b>Final Amount Billed to Enrollee</b>	