



\*\*\*\*\*Only 50 Claims Per Grid\*\*\*\*\*

Date:

From:

Provider:

Phone:

Email:

Tax ID:

Issue #:

NHPRI email: [ClaimResubmission@nhpri.org](mailto:ClaimResubmission@nhpri.org)

Short Description of Issue :	Neighborhood Claim ID #	Patient Acct #	Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)



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