



Request to Open Discussion Period - Instructions

You may submit this form and accompanying documentation by mail or fax. If submitting by mail, please use a traceable method with delivery confirmation.

Mail to:
Performant Recovery, Inc.
Discussion Period Request
2751 Southwest Blvd
San Angelo, TX 76904

If submitting by secure fax, please use fax cover form indicating the number of pages and fax to 325-224-6710. Please verify successful transmission by printing a confirmation report.

For automated audits, please submit one form per Issue and attach a copy of the Automated Review Initial Findings Notification Letter and a copy of the Overpayment Report page. If you are wishing to discuss specific claims, please circle those claims.

For complex audits, please submit one form for each claim and attach a copy of the RAC Review Results Letter for the case file in question with details of other information relevant to the payment of the claim.

You may request a physician-to-physician discussion and clearly indicate so on the form. In addition, a narrative will need to be included detailing an explanation of the physician-to-physician request with a description of the additional information relevant to the payment of the claim.

The RAC will provide written confirmation of your request for Discussion Period within one (1) business day of receiving your written request form. The RAC may send this confirmation by fax, email, or any other applicable communication method. You are encouraged to check the provider portal for confirmation of the Discussion form.

If you have any questions regarding this form or difficulties accessing our website please direct your inquiry to Customer Service at 1-866-201-0580. Our staff of professional Customer Service Specialists look forward to assisting you with all of your RAC related inquiries.

Sincerely,

Performant
Recovery Auditor Contractor

Request to Open Discussion Period

Provider/Supplier Name: _____

NPI: _____

TAX-ID: _____

CLAIM #: _____

If you do not wish to discuss a specific claim or claim numbers, please leave blank.

Type of Audit: Automated – Automated Review Initial Finding Notification Letter:

Complex – Date of RAC Review Results Letter:

Additional Documentation Attached: Yes No

Physician-to-Physician discussion requested: Yes No

I do not agree with the RAC’s decision for the following reason(s):

Please submit additional page(s), if necessary.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

E-mail: _____