

**WESTERN HIGHLANDS NETWORK
CLAIMS RESOLUTION INQUIRY**

MAIL TO:
WESTERN HIGHLANDS NETWORK
356 BILTMORE AVENUE
ASHEVILLE, NC 28801
Fax To: (828)258-1225

Please Check: Appeals Void & Replace Time Limit Override Third Party Override
 Refunds Other _____

Include relative Western Highlands EOB (Explanation of Benefits) and a CMS-1500 (08/05)

Provider Name _____

Consumer's Name: _____ Western Highlands ID: _____

Date of Services: From: ____/____/____ to ____/____/____ Check Number: _____

Procedure Code: _____

Please Specify Reason for Inquiry Request:

Point of Contact Name: **(Print)**

Signature:

Date:

Phone #:

TO BE USED BY WESTERN HIGHLANDS NETWORK ONLY

Approving Authority Signature/Date: _____ Approved: Disapproved:

Remarks: