



Hardship Payment Request Form

A Hardship Payment is an advanced payment from Alliance to a provider, the provision and amount of which are in the Alliance's sole discretion, to address a situation in which the provider is experiencing a significant drop in claims payments for Alliance member(s) due to issues beyond the providers control.

The repayment process will begin with the first check run of the following month after 30 calendar days has passed since the approved payment was issued. Providers can elect to have the full amount owed recouped in the next available checkwrite after the 30 days or be enrolled in a repayment plan. If a repayment plan is selected, the payments will be calculated using 20% of the average weekly check run of claims for the preceding 3 months. If the repayment plan exceeds 90 calendar days based off this calculation the payments will be adjusted to fit in the 90-day term. The weekly recoupment will offset claims to be paid in the check run. The provider will be supplied with the payment plan when the request is approved.

Request Information

Provider Name:

Date Requested:

Network Provider ID (NPI):

Entity ID Number (EIN):

Site Street Address:

City:

State:

Zip Code:

Requestor:

Phone Number:

Taxonomy:

Amount Requested:

Urgent Request:

Reason for Request:

Repayment Method:

Prior to submitting the form, please ensure that the information above aligns with NCTracks to prevent delays. Please submit the completed form to NetworkRelations@alliancehealthplan.org. By acceptance of a Hardship Payment, Provider acknowledges and agrees to the repayment process stated above. Additional Hardship Payments will not be approved for unresolved Hardship Payment balances. Any unresolved balances over 90 calendar days will be referred to the Alliance Office of Legal Affairs.

For Alliance Use Only

Date Received:

Analysis Completed By:

Decision:

Amount Approved:

Units Approved: