



Maine Independent Dispute Resolution – Provider Application

Maine law allows an out-of-network provider to seek independent dispute resolution (IDR) of a bill for covered emergency services. IDR applies to bills for covered emergency medical services received on or after October 1, 2020. For more details, see [Maine 2019 Public Law, Chapter 668](#) (An Act to Protect Consumers from Surprise Emergency Bills).

Application Process

1. Complete and sign this application (one application per patient).
2. Gather supporting documentation such as:
 - ✓ Copy of bill
 - ✓ Claim form(s)
 - ✓ Initial Explanation of Benefits (EOB)/Explanation of Payment (EOP)
 - ✓ Additional EOBs/EOPs
 - ✓ Pertinent correspondence
 - ✓ Other supporting documentation (e.g., copies of emails, negotiation attempts)
3. Securely send this completed application and supporting documentation to Maximus, either:

1. By secure E-mail at: MEdisputes@maximus.com
2. By fax at: (585) 425-5296
3. By mail:
Maximus
Attn: ME IDR
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534

General Information

1. Date IDR application submitted:

2. Party submitting IDR application:

- Out-of-network Provider
- Out-of-network Provider Representative

3. Carrier name:

4. The bill is:

- A surprise bill for emergency services
- A bill for covered emergency services rendered by an out-of-network provider to a person covered by health plan (including a self-insured health plan)

5. In a non-emergency setting, did the patient knowingly elect for the service from you as an out-of-network provider?

- If yes, then your dispute is not eligible for independent dispute resolution.
- If no, continue with this application.

Negotiation Attempts

Provide detail on any prior negotiation attempts (also include copies of emails or other correspondence with your response):

Provider Details			
Provider's First and Last Name, and NPI number if applicable:		E-mail:	
Provider's Specialty:		Telephone No.:	
Address	City	State	Zip Code
Provider's level of relevant training, education, and experience for the emergency service provided:			
Location where services were rendered (e.g., hospital, free-standing ER)			
Name of Facility, and NPI as applicable:			
Address	City	State	Zip Code

Patient Details					
Patient's First and Last Name:					
Address		City		State	Zip Code
Claim Information					
Claim #s:					
Date(s) of Service:					
Provider/Facility's charge in dispute (attach copy of bill):	Provider/Facility's usual charge for comparable services:	Carrier's payment offer (if dispute is with a health plan):	Date of Notice of Payment:		
CPT Code(s) with modifiers (only provide CPT codes in dispute):					
Description of the circumstances and complexity of the particular case, including time and place of the service:					

Individual patient characteristics, if relevant:

If you are a Representative filing on behalf of an out-of-network Provider, complete this section:

First and Last Name:	Telephone No.:	Email:
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If you need to add more patients and/or claims, you may fill out another application form.

Applicant's Signature*: _____

Date: _____

*By signing this application, I attest that to the best of my knowledge, the information in this application is true and accurate. Applicant agrees to be bound by the outcome of the IDR, to submit to the jurisdiction of the Superintendent and the courts of the State of Maine. An out-of-network provider agrees to refrain from billing the enrollee more than the applicable out-of-pocket costs permitted by 22 M.R.S §1718(D)(2).