



Provider Inquiry Form

Date Form Completed: Click or tap to enter a date.

- Contact [Empower Provider Services](#) at 855-429-1028 with questions. Record the call reference number and the name of the representative.
- If a resolution is not attained, complete and submit Inquiry form along with all related supporting documentation to [Empower Provider Relations](mailto:empowerhealthcaresolutionsPR@empowerarkansas.com) at empowerhealthcaresolutionsPR@empowerarkansas.com

Type of Inquiry

Claims denial

Underpayment

Provider enrollment/Participation issue
(include claim information if relevant)

Provider Information

Provider Name:	
Tax Identification Number (TIN):	
Contact Name:	
Phone:	
Email:	

Member and Claim Information

Member Name:	
Member Empower ID:	
Date of Birth:	
Claim Number (include EOB):	
Authorization Number:	
Dates of service:	

Description

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Initial Resolution Outreach

Date of First Call:	
Reference Number:	
Name of Associate:	
Additional Correspondence:	
Results/Response from Payer Outreach:	

Documentation Attached

- Member ID Card Claim Notes Claim Copy EOB Rejection Letter Pre-cert/Authorization Approval
 Other (describe):