



Physicians Caring for Texans

# RRR Form

Please fax to (512) 370-1632

Secure file drop <https://files.texmed.org/filedrop/rrr>

BAA \_\_\_\_\_

RRR# \_\_\_\_\_

Date Received \_\_\_\_\_

For TMA Use Only

Rendering Physician Name \_\_\_\_\_ TMA Member# \_\_\_\_\_

Physician Group Name \_\_\_\_\_ TMA Group Member # \_\_\_\_\_

Address \_\_\_\_\_

Date Submitted to TMA \_\_\_\_\_ Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance \_\_\_\_\_ ☐ Contracted ☐ Not Contracted

☐ Medicare ☐ Medicaid ☐ Marketplace ☐ Commercial

## Type of Problem:

☐ Appeal Pending

☐ Bundling

☐ Downcoding

☐ Filing Deadline

☐ Medical Record/Documentation Requests

☐ Nonrecognized/Incorrect/Omitted CPT, HCPCS, Modifiers

☐ NPP Billing

☐ Overpayment/Refund Request

☐ Telemedicine/Telehealth

☐ Prior Authorization

☐ Gold Card

☐ Obtained by Hospital

☐ Not Required

☐ Not Obtained

☐ Not on File

☐ Emergency Services

☐ Out-of-Network

☐ Adverse Determination/Peer-to-Peer

Other (specify): \_\_\_\_\_

## Brief Description of the Problem (required):

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**Important:** Please review the RRR Form User Guide for complete program guidelines. For HIPAA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information. The RRR Form User Guide, BAA, and current version of the RRR form are available at [www.texmed.org/RRRServices](https://www.texmed.org/RRRServices). TMA and RRR Services are not responsible for missed claims and/or appeal deadlines.

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