



Physicians Caring for Texans

### Hassle Factor Log

Mail or Fax  
(please don't do both)  
To: (512) 370-1632  
Texas Medical Association  
401 W. 15<sup>th</sup> St.  
Austin, TX 78701-1680

Physician Name \_\_\_\_\_ TMA Member No: \_\_\_\_\_

Specialty \_\_\_\_\_ Address \_\_\_\_\_

Date Submitted \_\_\_\_\_ Contact Person \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Name of Carrier of Agency \_\_\_\_\_ Amount in Dispute \_\_\_\_\_

**Request in relation to (circle one):**

Commercial HMO	Medicaid HMO	Class Action Settlement
Commercial PPO	Medicaid (TMHP)	Third Party Administrator
IPA	Medicare (TrailBlazer)	Ticare
	Medicare Part D	Workers' Comp
	PBM (Pharmacy Benefit Manager)	

**Type of problem (circle all that apply):**

- |  |  |                         |
|--|--|-------------------------|
| Appeal Pending   | Excessive Telephone Hold Time / Busy                   | Preauthorization        |
| Bundling (list specific codes):<br>_____<br>_____<br>_____ | Filing Deadline  | Quantity Billed Amounts |
|  | Inaccurate Data Entry by Insurer                       | Referral Denial         |
|  | Medical Record / Documentation Requests                |                         |
| Claim Denial   | Non recognized/Incorrect/Omitted CPT, HCPCS, Modifiers |                         |
| Claims/Documents Lost                                      | Overpayment/Refund Request                             |                         |
| Downcoding   | Payment Delay  |                         |
| Out of Network Payment                                     |  |                         |
| Other (specify): _____                                     |  |                         |

Brief Description of the Problem (required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important:** To achieve optima results utilizing the Hassle Factor Log (HFL) Program, please review the HFL User Guide for complete program guidelines. The most current version of the form and user guide may be obtained at [www.texmed.org](http://www.texmed.org). For HIPPA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information (PHI). TMA/HFL program is not responsible for missed claims and/or appeal deadlines. Any questions, need a BAA? Contact: (800) 880-1300, ext.1414

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