

Multipurpose Senior Services Program (MSSP) Payment Review

To request a payment review for MSSP members, please complete this form. **Fields with (*) are required.**

Please include as much detail in the description.

Submit the form to HPSM — MSSP Payment Review

Email: ClaimsReimbursementTeam@hpsm.org

Fax: 650-829-2046

Mail: 801 Gateway Blvd suite 100, South San Francisco, CA 94080

Provider Name

NPI#

Address

State

Zip Code

Description of the Inquiry:

Member Name

DOB

Member ID

Original Claim ID

Service From/To Dates

Original Claim Amount Billed

Member Name

DOB

Member ID

Original Claim ID

Service From/To Dates

Original Claim Amount Billed

Member Name

DOB

Member ID

Original Claim ID

Service From/To Dates

Original Claim Amount Billed

Member Name

DOB

Member ID

Original Claim ID

Service From/To Dates

Original Claim Amount Billed

Member Name

DOB

Member ID

Original Claim ID

Service From/To Dates

Original Claim Amount Billed

Contact

Title

Phone #

Signature

Date

Fax #

Check here if additional information is attached