



**Negotiations Division**

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Fee Negotiation Referral Form

**Fee Negotiation** \_\_\_\_ **Re-price Bill/ Fee Negotiation (work comp)** \_\_\_\_

Number of Pages (*Including Cover Sheet*): \_\_\_\_ Date: \_\_\_\_

Client Number: \_\_\_\_ Referring Company: \_\_\_\_

Contact: \_\_\_\_ Email Address: \_\_\_\_

Telephone #: \_\_\_\_ Ext. \_\_\_\_ Fax #: \_\_\_\_

Type of Case: WC \_\_\_\_ State: \_\_\_\_ Jurisdiction: \_\_\_\_

Other \_\_\_\_ Description \_\_\_\_

File/ Case Number: \_\_\_\_

**Provider/Bill Information**

Patient Name: \_\_\_\_ SSN: \_\_\_\_

Hospital/Provider: \_\_\_\_ Bill amount: \$ \_\_\_\_

Attached Bill: UB-92 \_\_\_\_ Physician/Provider \_\_\_\_

Does fee schedule apply? : Yes \_\_\_\_ No \_\_\_\_ If yes, adjusted bill amount: \$ \_\_\_\_

SPECIAL HANDLING INSTRUCTIONS: Time deadline, prior negotiations, special billing instructions, etc.

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