Reserve National INSURANCE COMPANY

Date Submitted: ____/____/_____

Pages Attached: _____

BEECH STREET RESEARCH AND RESOLUTION FORM

Billing Provider Name (Last, First, MI)	Provider ID Number
Name of Contact Person	Contact Number

Member ID		Member Name
Date of Service	Amount Billed	Patient's Name

Detailed Inquiry:

If you would like to investigate a claim processed through the Beech Street network, please complete this form and send it to Beech Street Corporation's Research and Resolution department. To aid in the research and resolution of your bill, please attach a copy of the explanation of payment, bill, a copy of the filed claim and any other pertinent information. Submission may be received via fax to (949) 672-1113 or to the following address:

Beech Street Corporation
Research & Resolution
25500 Commercentre Drive
Lake Forest, CA 92630-8855

Form: BN-Rf (3/08)