



600 City Parkway West, Suite 800, Orange, CA 92868
 (714) 796-5900 Main Line
 (800) 708-3230 Toll Free

Eligibility/Capitation Discrepancy Form

| Member Name | DOB | Health Plan Name | Identification Number | List the month(s) you are disputing. |
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Please fax the completed form to the Provider Relations Department at (714) 560-7613 or email it to providerinfo@prospectmedical.com.