



A Physician-Hospital Organization

Cornerstone

ALLIANCE, INC

Contracted Payer Rate Request Form

Cornerstone Alliance, Inc. has created this form to better assist you in requesting rates for our contracted payers. If you would like to request rates from any of our contract payers, please list the CPT codes and the payer(s) below. Our Financial Analyst will review and complete your request. The information will be sent to you via e-mail so please include your e-mail address below so communication with you can be timely. Rate Request(s) can be faxed to Cornerstone (fax number 419-226-9889) or e-mailed directly to the financial analyst at mlfischer@health-partners.org.

If you have any questions, please contact our Financial Analyst – Mechele Fischer – at 419-996-5330 or mlfischer@health-partners.org.

Payer(s):

CPT CODE(s) – list below or attach a list to this document:

Please place your contact information here:

Provider / Group Name: _____

E-mail address: _____

Phone number: _____; Fax number: _____