



# Internal Dispute Resolution Request

Date: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Claim representative: \_\_\_\_\_

## Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Provider Attorney (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Yes  No

## Injured Party

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Injured party Attorney (If known: name, address, phone): \_\_\_\_\_

\_\_\_\_\_

## Injury Information

Brief description of the injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of dispute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select a reviewer from the enclosed panel of physicians. For a current list, please select a name from the panel provided at \_\_\_\_\_ or contact State Farm.

Name: \_\_\_\_\_

Have you executed a State Farm Conditional Assignment of Benefits?  
(If yes, please attach copy of Assignment of Benefits)  No  Yes

**Dispute Type (Check all that apply):**

- Medical Necessity of treatment/testing/services
- Relationship of injury/treatment/testing/services to Motor Vehicle Accident

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Date(s) of Service	Date Bill Submitted to State Farm	Amount in Dispute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Filing Instructions**

Please send an original and one (1) copy of this Internal Dispute Resolution Request Form with copies of supporting information to:

State Farm Claims  
PO Box 106105  
Atlanta, GA 30348-6105

OR

Fax: (888) 559-2022

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A copy of the independent reviewer's determination will be sent directly to you.**

**The Internal Dispute Resolution process is non-binding.**

**The decision may be rejected in writing by either party.**

**If you have a properly executed State Farm Conditional Assignment of Benefits, you may be required to complete this process prior to accessing PIP Dispute Resolution in accordance with State Farm automobile policy and as set forth in NJAC 11:3-5 and NJ Law.**