OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 716, West Tower, Atlanta, GA 30334

Phone: 404-657-6041 ◊ Fax: 770-657-8542

www.oci.ga.gov

MANAGED CARE

GID-258-LH FEB11

PROVIDER COMPLAINT FORM

Date: _____

Name of Carrier: _____

Name of Practice (Group): _____

Address of Practice: _____ **State** _____ **Zip** _____

Phone Number of Practice (area code): _____

Contact Name at Practice (full name): _____

List the issues you have with the carrier: (please be specific, use additional paper if necessary)

Note: **One (1) Carrier Per Form**

Mail Two (2) Identical Sets

Five (5) or More Pages Must Be Submitted By United States Postal Service

Mail to: **OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER'S OFFICE**

Attn: Managed Care Unit

2 MLK Jr. Drive, Suite 716, West Tower

Atlanta, GA 30334

Phone: 404-657-6041

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OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056
www.oci.ga.gov

TO: **ALL PROVIDERS**

FROM: **GREG HAWKINS, DIRECTOR**
CONSUMER SERVICES DIVISION

RE: **INSTRUCTIONS FOR PROVIDER COMPLAINT FORM**

*****PLEASE SUBMIT COMPLAINT ON FORM ATTACHED *****

PLEASE BE SURE TO INCLUDE THE FOLLOWING:

- **Copy of member's I.D. Card (front & back)**
- **Copy of HCFA-1500 or UB 92 form, whichever is applicable**
- **Copy of correspondence, phone notes to and from carrier related to complaint (including the Explanation of Benefit (EOB) from the carrier)**
- **Copy of vendor electronic documentation, if filed electronically**
- **Copy of appeals process documentation and notes**

On receipt of your complaint, a case will be created and assigned to one of the investigators in the Consumer Services Division Managed Care Unit. You will receive an acknowledgment letter stating your case number and the contact information for investigator assigned to the case.

When the insurance carrier responds to the Department, the investigator will notify you with a written response. Please allow adequate time for the process.

****PLEASE SEND TWO IDENTICAL COPIES OF EACH COMPLAINT TO AVOID PROCESSING DELAY ****

Managed Care:
Phone: 404-657-6041
Fax: 404-657-8542