OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER

John F. King
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER

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

Instructions for Completing the PROVIDER Complaint Form

If you are a **Health Care Provider,** a provider complaint filing can be made choosing ONE (only ONE please) of the following methods:

Consumer Complaint Portal: ⇩ www.oci.ga.gov ***("preferred" method)***	*Fax:* (404) 657-8542	*Postal Mail:* Georgia Insurance Commissioner's Office Consumer Services Division – Managed Care 2 Martin Luther King, Jr., Drive, Suite 716, West Tower Atlanta, GA 30334

* *On-line Consumer Complaint Portal filing is the preferred method because it follows a digital workflow reducing processing costs.*

PLEASE BE SURE TO INCLUDE ONE OF EACH OF 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**

!!! KEEP YOUR original documents for your records, DO NOT send us your originals !!!

Upon receipt of your complaint, a case will be created and assigned to an investigator in the Managed Care Division. You will receive an acknowledgement letter stating your case number and the name of your investigator.

Please allow an additional 15 business days for the carrier or third party administrator to respond to us. The investigator will then review the response and notify you with a written reply. Please allow adequate time for the process.

You can contact Managed Care @ 404-657-6041

If you are NOT A Health Care Provider, you are considered a **CONSUMER**. You can obtain the *Consumer Complaint Form GID-CS-CF-1* from the website www.oci.ga.gov under Consumer Services or by calling (404) 656-2070.

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John F. King, Commissioner
2 Martin Luther King Jr., Dr., Suite 716, West Tower, Atlanta, GA 30334
Phone: 404-656-2070 ◊ Fax: 404-657-8542
www.oci.ga.gov

CONSUMER SERVICES
GID-258-LH JUL2019

PROVIDER COMPLAINT FORM

A digital filing process is available using the "preferred"
Complaint Portal on our website at www.oci.ga.gov in place of this form.

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

PROVIDER / PRACTICE INFORMATION

Practice Name: _____
Address: _____
City: _____
County: _____ *State*: _____ *Zip*: _____
Phone Number Of Practice: _____
"Contact" Name At Practice: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ _____
*Email Address**: _____

☐ ← * I, the Complainant, hereby confirm that by checking this box and providing the above Complainant Email Address that I am authorizing the Office of Insurance and Safety Fire Commissioner to transmit communications via the designated Email Address.

☐ ← Check here if you are represented by an attorney.

MY COMPLAINT IS AGAINST THE FOLLOWING INSURANCE COMPANY OR 3RD PARTY ADMINISTRATOR

Company Name: _____
Phone: _____
Policy/ID No.: _____
Claim No.: _____
Date Of Loss: _____
Policy Period: _____
Identify State in which policy was issued: _____

PATIENT / INSURED INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ _____
Name: _____
Address: _____
City: _____ *State*: _____ *Zip*: _____
County: _____
Phone: *Home* _____ *Work* _____
Cell Phone: _____
Email Address: _____

NOTE: If there are multiple insureds involving this complaint, only attach the documentation that is pertinent to each patient.

TYPE OF CLAIM

☐ Auto Med Pay
☐ Home Med Pay
☐ Commercial Med Pay
☐ Accident & Health:
  ☐ Fully Insured*
  ☐ Self-Insured*
☐ Dental*
☐ Medicare*
☐ Medicaid*
☐ Workers' Compensation*
☐ Other (specify): _____

* *Claims not subject to the jurisdiction of this office*

Briefly describe your issue and clearly state your complaint. Attach copies of any supporting documents but *KEEP YOUR ORIGINALS*.

Authorization & Release: By signing below, I hereby authorize Commissioner John F. King and members of his staff to receive and disclose such information, including protected health or financial information, as they may deem necessary and appropriate for purposes of making inquiries into the subject matter contained herein and all matters related thereto. I also specifically authorize the insurer, agent, third party administrator, or other party to release any and all information necessary for the Office of Insurance and Safety Fire Commissioner to investigate the matter contained herein. I further acknowledge that the information contained in this form is accurate to the best of my knowledge. A copy of this request may be shared with any/all parties involved.

Date _____ Signature _____