TRACKING #: _____

INV: _____

HEALTHCARE PROVIDER COMPLAINT FORM

Arkansas Insurance Department
Consumer Services Division
1 Commerce Way, Suite 102, Little Rock AR 72202
P: 501-371-2640 or 800-852-5494
F: 501-371-2749
e-mail: insurance.consumers@arkansas.gov
website: insurance.arkansas.gov

(See reverse for more information)

1. HEALTHCARE PROVIDER INFORMATION

Name:		
Address:		
City:	State:	Zip:
Business Phone:	Business Fax:	
Contact Person:	Contact Person Phone:	
Contact Person E-mail Address:		

2. INSURANCE COMPANY INFORMATION

Insurance Company Name:
Policy #s:
Claim #s:
Amount in Dispute: $

3. Explain below the problem you are experiencing. Please include claim numbers.

The Insurance Commissioner is authorized to send a copy of this complaint and any follow-up documents to any insurance company or agent/agency in order to investigate my concerns. I authorize the release of all relevant information, including medical records, to the Insurance Commissioner's office for its review of this matter. I understand the Insurance Commissioner's office cannot act as my attorney, cannot file a private action on my behalf, and cannot provide legal advice, I further understand and agree that the contents herein may be forwarded to other appropriate state or federal agencies, as well as become accessible to others under the Arkansas Freedom of Information Law. Finally, I declare and verify under penalty of perjury and the laws of Arkansas that all of the above information is true and correct to the best of my knowledge.

Signature:_____ **Date:** _____

PLEASE READ BEFORE SUBMITTING A COMPLAINT

The Arkansas Insurance Department has no jurisdiction over self-funded employer health plans. If your patient's health plan ID card contains the terms, "self-funded" or "self-insured" your complaint must be addressed by the Federal Department of Labor. Similarly, the Arkansas Insurance Department has no jurisdiction over federal programs such as Medicare or Medicaid.

Plans the Department does not regulate:

Health Plan	Organization	Contact information
Federal Employees	United States Office of Personnel Management (OPM)	OPM.gov
Health Share ministries	Arkansas Attorney General	Arkansasag.org
Medicaid/Medicare	Centers for Medicare & Medicaid Services	CMS.gov
Military Servicemembers	TRICARE	Tricare.mil/complaint
Self-Funded plans	Federal Department of Labor	Dol.gov
State employees	Employee Benefits Division	SAS.arkansas.gov

Please send copies of the following:

1. The front of the patient's health plan ID card.
2. All correspondence with the insurance carrier regarding the issue described in the complaint.
3. All other documentation supporting your complaint.

When your complaint is received at the Department it will be assigned a case number and you will receive an acknowledgement letter. You should refer to the case number when contacting the Department about the case. Your complaint will be assigned to an Investigator who will review it and forward to the appropriate insurance company for their response. Once the insurance company receives your complaint, they will have fifteen (15) business days to respond. Once we receive all information, we will review your complaint for violations of Arkansas insurance laws.

If you have any questions, please contact us at (501) 371-2640.