



## INSURANCE GRIEVANCE FORM

*Please complete this HIPAA compliant form to report insurance administrative and claims processing concerns including settlement disputes that you may have filed. This data is confidential and assists the National AAP and NY Chapter 2 in identifying common areas of concern and in facilitating dialogue with payers.*

### SECTION A: Personal Information - *OPTIONAL*

Physician Name	Subspecialty	(____) _____ Office Phone No.
Street	City	State
Contact Person	Contact Fax #	Contact e-mail address
		Zip Code

### SECTION B: Grievance Information

\_\_\_\_\_  
Name of organization with whom the grievance is related

This is a:  First time grievance       Recurring grievance (How many times? \_\_\_\_\_)

*Please check all that apply and describe problems in detail on the next page. If provided examples do not describe your grievance, please check "Other Problem Not Listed," and detail on the next page.*

#### CLAIMS PROCESSING

- Claim lost by organization
- Medical records request problem
- Uncustomary request for patient information
- Inaccurate data entry following clean claim
- Organization missing supporting documents
- Excessive wait on telephone
- Numerous calls for single claim
- Calls not returned

#### APPROVAL PROCESS

- Did not meet "medical necessity" definition
- Operative report request problems
- Prepayment review / Postpayment review
- Denial of preauthorization (hospital or other, pls. specify)
- Denial of referral
- Insufficient pediatric subspecialists in network
- Length of stay dispute
- Emergency room service denial
- Mental health service denial
- Credentialing delay / problems

**OTHER PROBLEM NOT LISTED**

#### PAYMENT PROCESSING

- Denial of payment
- Reduction of payment
- Recoding of billed services (bundling, downcoding, etc.)
- Payment incorrect as per contract
- Late payment problem(s)

#### LAB ISSUES

- Lab tests cannot be done at preferred location
- Other lab problems

#### CASE MGMT. / CARE COORDINATION

- Reimbursement for services denied because it is only covered through carve-out (e.g. mental health services, lab, pharmacy)
- Calls not returned

#### CONSUMER PROTECTIONS

- Grievance procedure problems
- Failure to notify enrollees of denied services or failure to do so in a timely manner

