



Provider Complaint

Market Conduct Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
1-614-644-2577 | 1-614-387-3744 (Fax) | insurance.ohio.gov

To register a complaint, please complete this form and submit to the Ohio Department of Insurance. Your complaint will be forwarded directly to the third-party payer. They should respond to you within 15 working days of receipt from our Department. Please do not send backup documentation with this form.

Ohio Department of Insurance

Provider Complaint Unit

50 W. Town St., 3rd Fl., Suite 300
Columbus, Ohio 43215-1067

email: MKD.Provider.Complaints@insurance.ohio.gov
or Fax (614) 644-3744

FOR DEPARTMENT USE ONLY

Ohio Department of Insurance
Case #

If this involves Medicare, Medicaid, or self-insured plans (except Government, church, or school), please contact that governing agency. Please contact us directly for further information at the number listed above.

- 1. Are you a contracted provider with the third-party payer listed in this complaint?
2. Have you reviewed your contract?
3. Did you follow the third-party payer's internal grievance procedures?
4. Did you file a written appeal or written formal complaint with the third-party payer?
5. Enter date of original appeal.
6. Has Company responded to appeal?

If yes, please enter the date of the written response that was generated by the third-party payer's answer to your appeal/formal complaint.

(Mo.) (Day) (Year)

Please contact us at (614) 644-2577 if the Company has not responded to this complaint after 30 days.

Provider name Contact person
Address
City State Zip
Daytime phone # Fax #
Email

Insured's name Patient name
Insured policy or ID # Group #
Name of third-party payer
Third-party payer contact person, phone, and address

Insurance Type: Group Individual Dental Vision Govt. Programs

If group health, name of group/employer

Claim Details:

Claim number
Date of service
Total Billed
Date of submission
How submitted? Electronic Paper

Check type of problem: (Check all that apply)

- Coordination of Benefits (COB) Issue
Denial/Partial Denial of Claim (General Category)\*
Incorrect Coding
Overpayment Recovery
Payment Delay/Prompt Pay Violation
Timely Filing Limitations

\*Should a denial involve services which have been determined to be medically unnecessary or experimental/investigative and charges are in excess of \$500, the member/patient may have a right to file a formal appeal to the third-party payer requesting an external (independent) medical review of the case.

Other Comments: