



STATE OF ALASKA
ALASKA DIVISION OF INSURANCE

550 W. 7th Avenue, Suite 1560 Anchorage, Alaska 99501-3567
Tel.: (907) 269-7900 Fax: (907)269-7910 TTY/TDD: 711 or (800) 770-8973

PROVIDER COMPLAINT / INQUIRY FORM

This form is to only be used by healthcare providers and facilities to file a complaint against an insurance company
This is not the appropriate form for a complaint against a healthcare provider or facility

Part I - Provider Information

Provider/Facility/Clinic:
Contact Name:
Mailing Address: City:
State: Zip code: Best Phone:
Email:

Part II - Patient Information

Patient's Name:
Patient's Age: Under 18 18 to 25 26 to 49 50 to 64 65+

Part III - Policy Holder Information

Policy Holder's Name:
Mailing Address: City:
State: Zip Code: Best Phone:
Email:
Employer:

Part IV - Insurance Information

Insurance/Claim Administrator:
Mailing Address: City:
State: Zip Code: Best Phone:
Email:
Policy Type (Health/WC/Auto): Effective Date:
Policy/Group Number: Member ID Number:
Is the patient/insured's plan self-funded? Yes No Unknown

## **Part V - Claim Information**

Claim Number: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Date Claim Submitted: \_\_\_\_\_

- Did the insurance company say the healthcare service is not covered under the health plan?  
 Yes  No
- Were the healthcare services provided at a facility that is in-network (contract between your facility and the insurance company)?  Yes  No
- Were the services emergency services?  Yes  No

## **Section VI - Factual Statement of the Problem (Required)**

Please provide a factual statement of the encountered issue. Enclose a copy of the patient's claim, all written correspondence, and a copy of all appeals.

## **Section VII -Authorization to Forward**

After reviewing complaints submitted by providers, it is sometimes determined that a consumer's health plan is self-funded or otherwise not under the jurisdiction of the Alaska Division of Insurance. By signing and submitting this form you are authorizing the Alaska Division of Insurance to forward your complaint and any submitted documentation to the applicable Federal or State authority complaint review process.

Self-funded health plans are not insurance policies. An insurance policy is one where an employer or group transfers the risk to an insurance company. An employer or group who self-funds/insures their benefits determine what benefits to offer, pays medical claims from employees and their families, and assumes the risk. A Third-Party Administrator (TPA) often provides administrative claims services for the employer or group who are self-funding their benefits. An insurance company may provide health insurance for one group and function as a TPA for a self-funded plan for another group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**This form and supporting documentation can be mailed to the address on page one or emailed to: [insurance@alaska.gov](mailto:insurance@alaska.gov).**