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

Part I - Provider Information

Provider/Facility/Clinic:_____

Contact Name:_____

Mailing Address:_____City:_____

State:_____Zip code:_____Best Phone:_____

Email:_____ Fax:

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:_____

*Providing the employer helps determine the regulatory authority for the patients plan.

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 to Insurer or Regulatory Agency

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: consumerservices@alaska.gov.