



PROVIDER COMPLAINT FORM
 Bureau of Insurance
 Life and Health Division
 P.O. Box 1157 Richmond, VA 23218
scc.virginia.gov/pages/Insurance
 Toll free: 1-877-310-6560 Fax: (804) 371-9944

The Bureau of Insurance (BOI) can investigate health care provider complaints involving health care plans that are subject to our oversight if the health carrier's actions constitute a pattern of potential violations of:

- Ethics and fairness in a health carrier's practices with contracted providers (§ 38.2-3407.15 of the Code of Virginia); or
- Other insurance laws, regulations, or orders of the Virginia State Corporation Commission (the "Commission") (§ 38.2-237 of the Code of Virginia).

Providers may contact the BOI for assistance with a complaint or with any questions.

I am filing a complaint against:

(Please complete a separate form for each insurance company involved in your complaint.)

Insurance Company: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Telephone No: (____) _____ Fax No: (____) _____

Provider Contact Information:

Name: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 Preferred phone number: (____) _____ Email: _____

Is the provider a contracted, network provider with the insurance company complained against? Yes No

If you have a contract with the health carrier and are filing an ethics and fairness complaint, please include the provider contract and supporting documentation. This information is needed before we can contact the carrier regarding the complaint.

If your complaint involves issues of non-compliance under § 38.2-237 of the Code of Virginia, please provide details and evidence of non-compliance with insurance laws, regulations or orders of the Commission.

Describe the details of your complaint below: (Please attach supporting documentation including any documentation noted above.)

Provider Authorization:

I have enclosed copies of provider correspondence related to this complaint and authorize the BOI to send a copy of this form and any or all enclosed documents to the insurance company, other regulated entities, or the appropriate state or federal agency. I authorize the release of all provider medical records related to this complaint to the BOI and insurance company. I also authorize the BOI to obtain any information required to assist in the investigation of this complaint.

Signature: _____ Date: _____

Please note: The Commission has no jurisdiction to adjudicate individual controversies arising out of §§ 38.2-3407.15 or 38.2-237 of the Code of Virginia. In addition, the Commission has no jurisdiction to adjudicate, as between two parties, matters of contractual dispute unrelated to Virginia's insurance laws, regulations, or Commission orders.