

# FPMA Insurance Complaint Form

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Degree \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

E-mail \_\_\_\_\_

APMA Member Number \_\_\_\_\_

Health Plan \* \_\_\_\_\_

Plan Type \*

- PPO
- HMO
- POS
- Indemnity
- Workers' Comp
- Medicare HMO
- ERISA/Self-Funded
- Medicare Advantage Plan
- Other

If you selected "Other" above, please enter the information here: \_\_\_\_\_

\_\_\_\_\_

## **Instructions:**

Print this form and fill it out. Once you have completed the form, fax it to FPMA at (850) 681-0899 or scan it and email it to [importantinfo@fpma.com](mailto:importantinfo@fpma.com).

Type of complaint \*

- Denial of referral
- Denial of care
- Denial of pre-authorization
- Denial of payment after pre-authorization
- Denial of CPT modifier
- Incorrect application of CPT modifier
- Incorrect or partial payment (per contracted fee schedule)
- Coordination of benefit issue
- Lost claims by payer
- All products clause
- Request for extensive documentation
- Late payments
- Continuous medical review referrals
- Non-itemized explanation of benefits
- Payment below contract schedule
- Payment of different rates than MD/DOs
- Failure to list membership in plan directory; listing of podiatrist in section apart from MD/DOs
- Inappropriate modification of originally submitted CPT code
- Inappropriate downcoding of originally submitted CPT code
- Inappropriate bundling of services/procedures
- Denial of procedure, service, or test CPT code; item/supply HCPCS code
- Failure to follow general CPT guidelines/CMS guidelines
- Automatic denial of code(s)
- Incorrect application of CPT modifier
- Incorrect re-coding of procedure/service
- Other

Brief description of complaint, codes (original, modified, bundled), etc.

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If you selected "Other" above, please enter the information here.

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Have you contacted \*

- The payer in question?
- Your state podiatric medical association?
- Your state Department of Insurance?
- The Department of Consumer Affairs?
- Other?

If you selected "Other" above, please enter the information here.

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