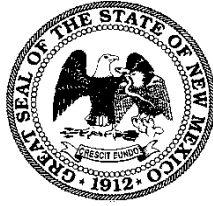


STATE OF NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

SUPERINTENDENT OF INSURANCE
John G. Franchini - (505) 827-4299

DEPUTY SUPERINTENDENT
Alan Seeley - (505) 827-4307



P.O. Box 1689
Santa Fe, NM 87504-1689
1120 Paseo de Peralta, Room 428
Santa Fe, NM 87501

MANAGED HEALTH CARE BUREAU
1-855-427-5674 505-827-4601

COMPLAINT FORM

The Managed Health Care Bureau will investigate this complaint to determine if there are any violations of the New Mexico Insurance Code, Managed Health Care Rule or insurance policy language.

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____ (other) _____

Type of Complaint (Please circle)

Member Provider Other

ID # _____ GROUP # _____ Name of Employer: _____

Type of Health Care Plan?

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Self-funded |
| <input type="checkbox"/> Medicare Supplement Plan | <input type="checkbox"/> The NM School Authority |
| <input type="checkbox"/> PPO | <input type="checkbox"/> The NM Retiree Authority |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not sure |

Name of Insurance Company

- Lovelace Presbyterian BCBS of New Mexico Amerigroup New Mexico, Inc. Molina
 Other: _____

DOES THIS COMPLAINT CONCERN?

- | | |
|---|---|
| <input type="checkbox"/> Payment of fees | <input type="checkbox"/> Referral/Prior Authorization |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Physicians Issue | <input type="checkbox"/> Administrative Issue |
| <input type="checkbox"/> Other _____ | |

Have you started the appeal process? Yes No If yes, at what level is your complaint in the internal health plans process?

- Medical Director
 Internal Panel Review
 Exhausted Internal Review; Requesting an External Review Request

PLEASE ATTACH A COPY OF YOUR BENEFITS BOOKLET

(Please turn page over)

PLEASE SUMMARIZE YOUR COMPLAINT. (ATTACH COPIES OF ANY DOCUMENTS THAT MIGHT BE RELATIVE TO YOUR COMPLAINT.)

