



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

MEMO

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 TDD# (404) 656-4031
www.gainsurance.org

TO: ALL PROVIDERS
FROM: CAROL CLARK, DIRECTOR
LIFE & HEALTH/MANAGED CARE DIVISION
RE: COMPLAINT FORM INSTRUCTIONS

***PLEASE USE THE PROVIDER COMPLAINT FORM ATTACHED WHEN MAILING YOUR INSURANCE ISSUES INTO THE DEPARTMENT.**

- COPY THE COMPLAINT FORM AND USE ONE FORM FOR EACH INSURANCE COMPANY
- ATTACH PERTINENT INFORMATION AS DESCRIBED ON THE COVER SHEET (make sure I.D. numbers, etc. are legible)
- MAIL TWO COMPLETE SETS INCLUDING COMPLAINT FORM

On receipt of your complaint, a case will be created and assigned to one of the investigators in the Life & Health/Managed Care Division. You will receive an acknowledgment letter stating your case number and the name of your investigator.

When the Insurance Carrier responds to the Department, the investigator will notify you with a written response. Please allow adequate time for the process.

MAILING ADDRESS: Carol Clark/Bernadette Luongo
Georgia State Insurance Commissioners Office
Life & Health/Managed Care Division
2 M.L.K. Jr., Drive, Suite 902 West Tower
Atlanta, GA 30334

*Your complaint will be returned if you do not use the form & submit two sets.



PROVIDER COMPLAINT FORM

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Please mail two (2) identical sets

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Date: _____

Name of Carrier _____

Name of Provider (Group): _____

Address of Provider _____

Phone Number of Provider (area code) _____

Contact at Provider (full name) _____

List the issues you have with the carrier: (please be specific) _____

Please use a different form for each carrier.

Note: Please provide patient ID card copy, itemized bills, copies of correspondence to and from carrier, office logs HCFA-1500 form, UB-92 form. If claims were electronically sent to vender provide electronic documentation.

Mail to: Carol Clark/Bernadette Luongo
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Life & Health/Managed Care Division
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Atlanta, GA 30334