



HASSLE-FACTOR COMPLAINT FORM

MOA wants to hear your insurance plan/managed care concerns.

If you are having problems with insurance companies regarding managed care, complete the "hassle-factor complaint form" provided below and submit the requested information to the MOA. (If you are having problems with more than one insurer you should submit one form per insurer.)

The MOA will use this information to track abusive practices of managed care organizations locally and to provide information to the AOA for tracking these issues nationally.

Readers of the Maine D.O. can mail this "hassle-factor complaint form" to the MOA 693 Western Avenue, #1, Manchester, Maine 04351 or fax to 207-623-4228. Coming soon, you will be able to access the form via on-line at our website at www.mainedo.org under the members section.

Physician Information

Physician Name: _____ Specialty: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

MOA Member number: _____ Contact person: _____

Email Address: _____

Carrier or Agency Information

Name of carrier or agency: _____ Contact person: _____

Street address: _____ Job Title: _____

City/State/Zip: _____ Phone: _____

Problem Information

Problem related to: HMO PPO Point of Service
 IPA Hospital Other _____

Type of problem (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Appeals process | <input type="checkbox"/> Bundling | <input type="checkbox"/> Downcoding |
| <input type="checkbox"/> Delay in payment | <input type="checkbox"/> Lost Claims | <input type="checkbox"/> Credentialing |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Denial of payment | <input type="checkbox"/> OMT |
| <input type="checkbox"/> Medical necessity billed | <input type="checkbox"/> Data entry error | <input type="checkbox"/> Changing Codes |
| <input type="checkbox"/> Pre-authorization request | <input type="checkbox"/> Unnecessary documentation request | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Request for information | <input type="checkbox"/> Recoupment of money already paid | <input type="checkbox"/> Other |

Brief description of all problems checked above:

1. Do you have any insurers who consider OMT as chiropractic or physical therapy? _____
2. Which insurers, if any, cap OMT benefits? _____
3. Do you or your practice submit claims electronically for patients? Yes No
4. Do you or your practice use electronic medical record software? Yes No

Additional Comments:
