



# Provider Complaint Form

Please complete the below form after you have utilized all AmeriHealth Caritas Iowa resources regarding any concerns. Please follow the appropriate steps in reaching resolutions to any concerns you may be experiencing.

COMPLAINT INFORMATION	
<a href="#">Provider Network Account Executive</a> name:	
Contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Did you contact Provider Services? <input type="checkbox"/> Y <input type="checkbox"/> N	
Did you contact your Provider Network Account Executive? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please provide date(s):	
Check the area which best describes your issue:	
<input type="checkbox"/> Claims <input type="checkbox"/> Contracting <input type="checkbox"/> Credentialing <input type="checkbox"/> Other	
DESCRIPTION OF COMPLAINT	
Please summarize the reason for your complaint in the text box below:	
PROVIDER CONTACT INFORMATION	
Contact name:	
Provider group name:	
National Provider Identifier (NPI):	Tax ID:
Phone:	Email:

**Please send completed form to [IowaProviderNetwork@AmeriHealthCaritas.com](mailto:IowaProviderNetwork@AmeriHealthCaritas.com). An AmeriHealth Caritas Iowa Provider Network Management leader will respond to your inquiry.**

**IMPORTANT REMINDER:** Please contact Provider Services at **1-844-411-0579** for the issues indicated below:

- Claims status inquiries.
- Provider billing errors.
- Incorrect rate applied.
- Provider changes.
- Payment disputes.
- Authorizations updates after claim denials.

If a resolution has not been reached from Provider Services on the issues listed above, please contact your Provider Network Account Executive.