

**KENTUCKY DEPARTMENT OF INSURANCE
HEALTH CARE PROVIDER COMPLAINT FORM**

Business Provider Name: _____

Provider Type (e.g., pharmacist, physician, etc.): _____ KY license #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Contact Person First/Last Name: _____ Fax: () _____

Email: _____

Insurance Company Name: _____

All complaints must include a copy of both the patient's Medical ID and the original claim.

Insured Name: _____ **Certificate** _____ **Plan #** _____ **Policy #** _____

Patient Name: _____ **Patient ID No.** _____

DESCRIPTION OF CLAIM AND VERIFICATION OF UNTIMELY PAYMENT

Date(s) services rendered: _____ Amount of original claim: \$ _____

Date claim first sent to Insurer: _____ Sent by: ☐ Mail ☐ Electronic (Attach copy of original claim (UB-92, HCFA-1500. etc.)
with any attachments sent)

Are you a participating provider with the Insurer? ☐ Yes ☐ No

Has the Insurer acknowledged receipt of the claim? ☐ Yes ☐ No If yes, when _____ (Attach copy)

Has the Insurer denied receipt of the claim? ☐ Yes ☐ No (If yes, attach any documented written proof of your transmittal)

Has the Insurer denied the claim in writing? ☐ Yes ☐ No (If yes, attach copy)

Has the Insurer made any payment? ☐ Yes ☐ No If yes, how much \$ _____, and when _____

Has the Insurer requested additional information? ☐ Yes ☐ No If yes, what additional information was
provided by you to the Insured and when was it provided _____

_____ (Attach copy)

**Please mail this completed form and all supporting
documentation to:**

**Consumer Protection Division
Kentucky Department of Insurance
P.O. Box 517
Frankfort, KY 40602-0517**

**On behalf of the provider, I certify that the above
information is correct:**

Signature: _____

Title: _____ **Date:** _____

The Kentucky insurance market is regulated by KRS Chapter 304 and the regulations promulgated thereunder. Artificial Intelligence ("AI") generated outputs are for informational purposes and do not replace professional advice and consultation. Skepticism is warranted when relying on AI-generated conclusions regarding insurance questions.

**Please remember, without proper documentation, your complaint cannot be processed! The use of this form is suggested but not mandatory
Questions: Call 502-564-6034 or 800-595-6053**