

COMPLAINT FORM



State of New York
 Office of the Attorney General
 HEALTH CARE BUREAU
 The Capitol
 Albany, NY 12224-0341
 Tel. (518) 776-2477 Fax (518) 650-9365

Consumer Helpline
 1-800-428-9071

For the Hearing Impaired
 TDD 1-800-788-9898

<http://www.ag.ny.gov>

1. Please TYPE or PRINT clearly in DARK ink.
2. Make sure to enclose COPIES of important papers concerning this complaint.

CONSUMER Information			
Name		Home Telephone #	
Street Address		Work Telephone #	
City/Town	County	State	Zip Code
COMPLAINT Information			
Name of person or company you are complaining about:			
Address			
City/Town	State	Zip	
Telephone #			
Date(s) of Service	Cost of Service \$	How paid (check those that apply) <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Credit Card <input type="radio"/> Other	Name/Relation of Patient (if other than self):
Name of Your Health Plan and Your Identification Number:		ID number for family member (if complaint involves family member):	
Type of Health Plan <input type="radio"/> HMO <input type="radio"/> Preferred Provider Organization (PPO) <input type="radio"/> Point of Service plan (HMO-POS) <input type="radio"/> Indemnity <input type="radio"/> Medicare (traditional) <input type="radio"/> Medicare + Choice (HMO) <input type="radio"/> Medicaid <input type="radio"/> Medicaid HMO <input type="radio"/> Other _____ <input type="radio"/> No insurance <input type="radio"/> Don't Know			
Do you have insurance through your employer? <input type="radio"/> Yes <input type="radio"/> No If yes, what is the name of your employer?			
Date you complained to the individual or company:			
By: <input type="radio"/> Mail <input type="radio"/> Telephone <input type="radio"/> in person		Person Contacted: _____ Job title: _____	
Did you file a formal appeal or grievance with your health plan?			
What was the response to the complaint or appeal?			
Has the matter been submitted to another agency or attorney? [If yes, please provide name and address] <input type="radio"/> Yes <input type="radio"/> No			
Has this matter gone to collections? [If yes, please provide name and address of collection agency] <input type="radio"/> Yes <input type="radio"/> No			

Please describe the complaint on the reverse side.

