

Edit complaint

Complaint type

Please select a type:

- Provider directory information error
- Data entry error
- Inappropriate denial
- Delay
- Prior authorization problem

Practice **Date submitted**

Marilyn Rissmiller 11/16/2018

Payer **ICN (#)**

-- Select -- ####

Submission type **Submitted by**

-- Select -- Physicians

Start date **End date** **Number of contacts**

MM/DD/YYYY MM/DD/YYYY ##

Clean claim **CO DOI** **Interest paid?**

Yes No Yes No Yes No

Dispute resolution process

DRP Utilized

Yes No

Comments

Provide any additional comments:

Enter comment

Submit