

Health Insurance Incident Report

The purpose of this form is to report incidents that have taken place with your health insurance patients. These incident reports are being collected by CTChiro to assist members with problems and formulate data in furtherance of the CTChiro's discussions with payers, the Healthcare Advocate, Insurance Commissioner and Attorney General.

IMPORTANT: If sending any documentation please black out all patient information to remain HIPPA compliant. Please fill out this form entirely:

Doctor's Name: _____ CCA Member? ☐ Yes ☐ No

Practice Name: _____ Contact: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Name (optional): _____ ID# _____

Insurance Company: _____ ☐ Primary ☐ Secondary

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Adjuster/Reviewer: _____

Dates of Service: _____

Plan: ☐ ERISA ☐ Self-Insured ☐ Commercial Plan ☐ Medicare ☐ Pediatric ☐ Worker's Comp ☐ Med-Pay ☐ Attorney Lien

Complaint

- ☐ Company will not process claim at all
- ☐ Company will not pay all reasonable CPT codes
- ☐ Company denying imaging authorization
- ☐ Company bundles CPT codes /re-coded my procedures
- ☐ Company will not respond to our inquiries
- ☐ Reviewer not authorizing more visits
- ☐ Being told treatment not medically necessary
- ☐ Other: _____

Please describe
incident: _____

Please attach copies of EOBs or other documentation of related problems. Do not send HCFA forms unless requested.

Mail, Fax or Scan and Email Completed Form to:

CT Chiropractic Association PO Box 785 Portland, CT 06480

Phone: (860)257-0404 Fax: (860) 257-0406

CTChiro@CTChiro.com