

Complaints Question Form

As part of complaints and problem resolution, you need to gather information. This document includes a list of important information to ask the client, supporting documentation examples, and what to do if the [complaint form](#) has not been submitted. Please add additional relevant information as you deem necessary.

Important information to ask the client

Date: _____ If existing complaint, Case Number: _____

Name: _____ Phone number: _____

Address: _____

DOB: _____ *Medicare Number: _____

(*Medicare number needed to use Unique ID)

Check any that apply below:

- Have contacted provider
- Have contact insurance plan
- Have contacted Medicare
- Have received official denial
- Have received MSN (Original Medicare) or EOB (Part C or Part D plan)
- Have already submitted an appeal
- Waiting to hear on appeal
- Appeal was denied
- Other or notes: _____

Supporting documentation

Here are some examples of supporting documents that are needed. If mailing these documents, only send **COPIES**.

- Denial letters
- Bills
- Medicare Summary Notice (MSN)
- Explanation of Benefits (EOB)
- Prior appeals submitted on the issue

What to do if the complaint form has not been submitted

For SHIBA to work a complaint, we will need a completed [complaint form](#). Clients can submit one online and upload any supporting documents digitally, or we can mail them a paper copy to be returned via US mail.