



Physician/Provider Grievance Form

Please fax the completed form to **1-855-535-7445**.

- Hoosier Healthwise
 Healthy Indiana Plan
 Hoosier Care Connect

Provider information

Date:	Primary medical provider site number:		
Provider name:		License number:	
TIN:		NPI number:	
Are you part of our provider network? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:		State:	ZIP code:
Phone number:		Fax number:	

Information about the grievance

This information is part of the permanent record. Write clearly and legibly. Use additional pages if necessary.

- Policy issue
 Service issue
 Medical group issue
 Quality issue
 Other

Member name:		State RID:
Date of incident:	Describe what happened:	

Signature of provider:	Date:
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Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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