



Provider Complaint Form

Because complaints are helpful feedback, Highmark Health Options has created this system for providers to raise issues with our policies, procedures, and administrative functions. Your complaint will be investigated, and the details of the findings and disposition will be communicated back in writing within **30 calendar days**. If your complaint needs additional time to resolve, Highmark Health Options will provide status updates as applicable.

The Provider Complaint Form is **NOT** for submission of Administrative Reviews (claims payment disputes) or Clinical Appeals. Any misdirected submissions, including but not limited to Administrative Reviews or Clinical Appeals, into the Provider Complaint system will be routed to the appropriate department. The provider will be advised of the redirection and educated on proper handling for future reference.

- To submit an Administrative Claim Review fax to 1-833-202-9390
- To submit a Clinical Provider Appeal fax to 1-833-841-8073

To aid our investigation, provide the following information:

Provider Name	_____
NPI	_____
Name of Practice	_____
Contact Name	_____
Phone Number	_____
Email Address	_____

Description of Complaint