

Fax to Medica at: 952-992-3880 or

Email to: [QualityComplaints@medica.com](mailto:QualityComplaints@medica.com)



## Case Management Complaint Reporting

**Purpose:** Medica case management teams must not prohibit providers from submitting claims or making benefit determinations for any type of service. To ensure this does not occur, Medica has set up a process for providers to report and escalate complaints when any provider believes a case management team member is acting to prohibit a provider from submitting a claim or making a benefit determination. **Please fill out and submit this form to report a complaint to Medica.**

**Medical Group/  
Care System:** \_\_\_\_\_

**Provider/Clinic #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Completed by (Name & Phone):** \_\_\_\_\_

\_\_\_\_\_ **Total Complaints:** \_\_\_\_\_

Date Reported	Occurrence Date	Verbal (V) Written(W)	Clinic Site	Member Name	Pt. DOB	Issue	Additional Comments