

SHIBA Senior Health Insurance Benefits Advisors

SMP Senior Medicare Patrol Program

Idaho Department of Insurance
 700 W. State St. 3rd. Floor
 PO Box 83720
 Boise, ID 83720
 1-800-247-4422 - Fax: (208) 334-4389

COMPLAINT REPORT

Name:			
Name of Beneficiary (if different):			
Email:			
Mailing Address:			Phone #:
City:	State:	Zip Code:	
Medicare #:		Date of Birth (DOB):	
Name of Insurance Company(s) involved in this issue:			
Medicaid ID #:		Insurance ID #(s):	
Information for Billing Issues			
Dates of Service	Claim #:	Dollar Amount in Question:	Provider's Name:
Complaint Against Agent/Broker			
Name of Agent/Broker:			
Street Address:			
City:	State:	Zip Code:	
Information on Enrollment Issues			
Date Enrolled:	Date Dis-enrolled	Misinformed? Y/N	

Please give us the details of the complaint below. These should include such things as agencies you have reported this to, calls you have made to try and resolve this, additional parties involved, etc. Also, please attach any documentation such as billing notices, Medicare Summary notices, or letters that support your complaint (for example: a dis-enrollment letter from an insurance company) that you feel would help us to resolve this complaint.

I authorize a SHIBA or SMP representative to request and receive any information on my behalf in connection with my complaint. I understand that personal medical information related to my complaint may be disclosed to a SHIBA or SMP representative.

(Signature)

(Date)