Patient Complaint Form

Midlands Choice℠
Great network. Great people.

You or your representative may file complaints regarding care from members of the Midlands Choice network, access to a provider's office, dissatisfaction with office staff or provider services, provider billing, or provider coverage in a geographical area. If you have questions about our complaint process, call our Customer Service Department at 1-800-605-8259 or email cs@midlandschoice.com.

Please print or type the following information:

_____
Member Name (Last, first, middle initial)

_____ _____
Address Home Phone number (include area code)

_____ _____
City, State, Zip Work Phone number (include area code)

_____ _____
Email Address Date of Birth

_____ _____
Name of Employer or Group Enrollment or Member ID#

If someone other than the member is filing this complaint, please provide the following information:

Name of Person Assisting: _____ Daytime Phone # _____

Relationship to Member: _____ Evening Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Describe your complaint. Give provider's name, practice name and location, dates, times, people's names, places, etc. that are involved. Use a separate page if necessary.

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Please attach copies of anything that may help us understand your complaint.
☐ If you attach other pages, please check this box.

Please **sign** and **mail to:** Midlands Choice PPO, Attn: Credentialing , 8420 W. Dodge Rd, Ste 210, Omaha, NE 68114
Or **FAX to Credentialing:** 1-402-390-1595.

Date _____ **Member Signature:** _____

Date _____ **Signature of Representative:** _____