



## Non- Participating Provider Complaint Form

Because we view complaints as helpful feedback, we have 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 days**. If your complaint needs additional time to resolve we will provide status updates as applicable. Email form to [ProviderComplaints@HighmarkWholecare.com](mailto:ProviderComplaints@HighmarkWholecare.com) or fax to 1-844-221-1569

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 1-844-207-0334
- To submit a Clinical Provider Appeal fax to 1-855-501-3904

To aid our investigation please provide the following information.

**Practice/Provider Name:**

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**NPI:**

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**Contact Name:**

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**Phone Number/Email Address:**

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**Description of Complaint:**