The Premier Provider Network, Inc.

# PROVIDER GRIEVANCE FORM

Please use this form to submit grievances to The Premier Provider Network, Inc. (PPNI). We will address your concerns and provide you with a response within 30 calendar days of submission. Please note that we can obtain faster resolution to your concerns if you provide us with complete information. You may submit the completed form by mail to: ***PPNI, ATTN: Sam Hamadeh, Director of Quality Assurance, 11111 Richmond Ave., Suite 243, Houston, TX 77082***, or via fax to; ***1(713) 414-4953***. This form may also be completed online and submitted at ***www.ppnusa.com.*** If you have any questions, you may call us at ***(866) 776-4872***.

***Items with an asterisk (*) denote mandatory fields***

## Information

*The information you provide will only be used to attempt to obtain a resolution to your grievance.*

**Please enter your First and Last Name***

First Name | Last Name

**Please enter your Provider ID # or your Tax ID #.**

Provider ID # or Tax ID #:

**Address***

Address | Suite: | City | State | Zip Code

**Telephone***

- -

## Complaint Information

**Name***

**Address***

Address | Suite:

**City, St, Zip Code***

City | State | Zip Code

**PPNI cannot thoroughly investigate this complaint/grievance without your consent to obtain related documents. Records are kept <u>confidential</u> and used solely for the purpose of grievance resolution.***

- ☐ PPNI may contact me to obtain a written consent to obtain copies of records or additional information needed to resolve my concern. Please check this box if you are willing to sign a release of information pertaining to this grievance.
- ☐ No, I do not authorize disclosure of my name or nature of this concern in order to obtain additional information.

**Nature of Grievance/Complaint** *(Please check the applicable box)**

- ☐ Customer Service and/or Billing
- ☐ Claims Repricing Process
- ☐ Sales Process
- ☐ Other, please specify

**Please provide a narrative of the nature of your grievance/complaint.***

FOR OFFICE USE ONLY

Case #: | Date Received: