

Northwest Endocrinology & Diabetes PC

Nihad Muhrez, M.D., F.A.C.E.
Diplomate, American Boards of Endocrinology
Diabetes and Internal Medicine

Insurance Commissioner Complaint Form

Patient Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____

I filed the attached claim form with the _____ Insurance Company on _____. This claim has not been paid or denied. It is my understanding that there are state prompt payment laws and/ or guidelines that monitor commercial insurance carriers and these laws and/ or guidelines are regulated by the State Insurance Department.

Benefits were assigned to NW Endocrinology & Diabetes Pc, Nihad Muhrez, MD and as of today's date, payment has not been received. I am responsible for payment of this bill.

Please accept this letter as a formal written complaint against the _____ Insurance Company.

Patient's Signature _____