

TENNESSEE CHIROPRACTIC ASSOCIATION DATE COLLECTION FORM

Problem

The Tennessee Chiropractic Association (TCA) has long been concerned over the harmful and discriminatory reimbursement practices of insurance organizations. We oppose these practices and are making every effort on our members' behalf to correct them...but we **need your help**. The TCA staff is collecting data to determine the scope and impact these practices have on the chiropractic profession in Tennessee. While we have developed excellent working relationships with certain insurance companies, others will be compelled to respond given factual information of their practices that you provide.

Data Collection

Please complete the following:

Insurance Company Name: _____ **Location/State:** _____

Primary Issue (network participation, UR denials, differential provider reimbursement, deductible differences, pre-authorizations, etc.):

Other Comments: _____

Documentation

Are you able to provide documentation on the above complaint if asked? Yes _____ No _____

If patient information is provided, please remove or otherwise expunge any patient identification information and/or confidential patient information from the documentation provided to us.

If the TCA needs to contact you, please provide the following:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Thank you for your cooperation and assistance in this matter.

Please fax the completed form to: **615/383-6233 - Attention: 2005 Insurance Equality**