

Monroe County Medical Society

1441 East Avenue
Rochester, New York 14610
585-473-4072

Radiology Management Grievance Factor Log

Physician Name _____ Specialty _____

Phone _____ Email Address _____ (If available)

Contact Person _____ Date Prior Auth Requested _____

Date Grievance Factor Claim Submitted _____ Claim #: _____ (If available)

Request in relation to: Excellus BCBS Preferred Care Aetna

Other Insurance _____ In Network _____ Out of Network _____

Type of problem: (Circle all that apply)

Denial of Pre-authorization	Excessive Telephone Hold Time
Lost Request	Duplicate Request for Copy of Medical Record
Fax Number Not Working	Inaccurate Data Entry by Insurer
"Missing" Support Documents	Delay in Receiving Authorization
Numerous Calls for Single Request	Emergency Authorization Denied
Telephone Always Busy	Other (specify) _____

Brief Description of the Problem:

IMPORTANT: Please include supporting documentation (i.e. explanation of benefits, copy of claim, etc.) if appropriate. Please be certain that an authorization allowing the release of the information has been signed by the patient. Thank you for your cooperation.

Return a copy of this *completed* form to:

Monroe County Medical Society
1441 East Avenue
Rochester, New York
Fax: 585.473.7641
Email: nadams@mcms.org