



American
Chiropractic
Association

Insurance Data Collection Form

The American Chiropractic Association (ACA) has long been concerned over any practices by insurers, managed care organizations, chiropractic networks and third-party administrators that affect appropriate chiropractic care. The Insurance Relations Department investigates issues such as: inappropriate CPT interpretation and reimbursement policies, restrictive limits on medically necessary care, improper utilization review, and unfair performance monitoring and /or terminations from network participation. Submitting data regarding your experiences will assist the ACA in working on your behalf. Please provide documentation, where available, to substantiate the issue described by faxing to 703-516-4976. * All personal information will remain confidential.

- Yes No Are you an ACA Member?
- This information is being submitted to assist the ACA in data collection and investigation only.
- This information is submitted with the expectation of a response.

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____

Insurer: _____ Network: _____

COMPLAINT CATEGORY (Please check the one category that best fits your concern)

- Coding
- Reimbursement Issues / Fee Schedule Change
- Chiropractic Networks / Provider Contract Issues
- Restriction of Care / Denial of Necessary Treatment
- Federal Employee Plan (FEP)
- BCBS Inquiries
- Medicare
- Research * ACA's available research can be found at: http://www.acatoday.org/level2_css.cfm?T1ID=15&T2ID=134
- Other: _____

If patient information is provided, please redact any confidential patient identifying information from the documentation provided to us.