

## Filing an Ethics and Fairness Complaint

The Ethics and Fairness in Carrier Business Practices Act (the Act), Section 38.2-3407.15 of the Code of Virginia, addresses the contractual relationship between carriers and providers. The Act applies to claims submitted by providers to carriers in connection with such contracts to the extent that the claim or claims are submitted to a health plan that is subject to state regulation and where coverage is provided under a policy issued in Virginia.

The Act does not apply to Medicaid, Medicare, Military insurance plans, Federal employee plans, State of Virginia employee benefit plans, Self funded employer health and welfare benefit plans, or workers compensation coverage.

If you file a complaint, the Bureau will review your complaint to determine if it raises an Ethics and Fairness issue. If it does we will pursue our investigation to determine if the carrier's conduct constitutes a general business practice while simultaneously attempting to resolve the issues raised in the complaint.

The Virginia State Corporation Commission is not the appropriate forum for the adjudication of individual controversies arising out of the Act. However, our investigation can have the effect of resolving issues raised in an individual complaint.

Carriers are not permitted to terminate or fail to renew the employment or other contractual relationship with a provider, or any provider contract, or otherwise penalize any provider, for invoking any of the provider's rights under the Act or under the provider contract.

Please attach a copy of the most current provider contract with your complaint. **Failure to submit the provider contract will delay the investigation of your complaint.**

**Bureau of Insurance  
State Corporation Commission  
Ethics and Fairness  
P.O. Box 1157  
Richmond, Virginia 23218**

I wish to file a complaint under the Ethics & Fairness in Carrier Business Practices Act

1. My name/title is: \_\_\_\_\_
2. Name of Provider/Practice: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. I am complaining against: *Name of company* \_\_\_\_\_
6. Date of Provider's contract: \_\_\_\_\_  
*Please attach a copy of latest provider contract with your complaint*
7. \*The details of my complaint are: *(describe the carrier's business practice(s) which violate(s) the ethics and fairness in carrier business practices act)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

*(use other side, or attach additional pages if necessary)*

8. \*I am enclosing copies of all correspondence or other documents relating to this matter that may assist the Bureau of Insurance, in its evaluation of my complaint. I understand and agree that a copy of this form and any or all of the enclosed information may be provided to the party complained against. I also agree that by signing this form I authorize the Bureau of Insurance to obtain any information required to evaluate my complaint.

*\*Remember to respect patient privacy when providing details, correspondence and documents.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature

Print and complete form, submit along with copy of Provider Contract and supporting documentation to :

Bureau of Insurance  
State Corporation Commission  
Ethics and Fairness  
P.O. Box 1157  
Richmond, Virginia 23218