



## 5010 HIPAA Complaint Form

*For help transitioning to HIPAA Version 5010 visit our website at [www.ama-assn.org/go/5010](http://www.ama-assn.org/go/5010) for free tools.*

Date:

Physician name:

NPI & PTAN Number:

Practice name / group affiliation:

Specialty:

Physician address:

City:

State:

Zip code:

Phone Number:

Office follow-up point of contact:

E-mail (Physician or Office Staff):

Are you an AMA Member?

Name of your Medicare Contractor:

Have you contacted your Medicare Contractor and/or Medicare Regional Officer about your complaint and, if so, to whom have you spoken?

Was your issue resolved at this time? If so, how? If not, what further action did you take? Have you reported this problem to anyone else (i.e. state / local / specialty medical society; Member of Congress/ Governor/State agency)? If so, please list:

What is the approximate number of claims outstanding?

What is the approximate dollar amount that is outstanding?

Briefly describe the details of the problem below:

Please email or fax this form to [medicareproblems@ama-assn.org](mailto:medicareproblems@ama-assn.org) or to 202-789-4581

**Note: The information supplied on this form will be shared with the Centers for Medicare and Medicaid Services (CMS) in order to help resolve your 5010 problems and by filling out this form and sending via email or fax constitutes your authorization for us to do so.**