GOA THIRD PARTY CENTER Report of Problem / Incident with Managed Care Organization (MCO) Instructions: 1) Fill out details on this form. Use additional sheets Your Name: if necessary. 2) Attach copies of your letter(s) that you have sent (if any) to MCO on this problem. 3) Attach copies of any letters or Today's Date: EOBs sent to you by the MCO on this problem. 4) Attach copies of any letters or EOBs sent to your patient concerning this problem. 5) Your Phone: Forward these materials to the GOA office at the address below. Remember to save a copy for yourself. 6) The GOA staff will acknowledge receipt of the material and tell you when the problem Your Email: will be reviewed. 7) A TPC member will contact you following that review to advise you of next steps to resolve the problem. Name & Address of MCO: **Briefly Describe the Problem:** Date of Last Contact: Phone Number at MCO: Who in your office made that contact? Name and Title of Person(s) spoken to at MCO: Response of Person(s) spoken to at MCO: Are there any letters, EOBs or correspondence concerning this problem/incident? ____ Yes ____ No (If yes, please forward a copy!) Forward this form, along with copies of all relevant correspondence, to the GOA office at 400 West Peachtree Street, NW, Suite 201, Atlanta, GA 30308 or fax to 770-961-9965