

STATE OF TENNESSEE

Complaints and Appeals Offices

Tennessee

Tennessee Department of Health, Division of Health Related Boards

1-800-852-2187

When a problem is experienced with a practitioner, you have the right to report him/her. If you believe that a practitioner's performance or behavior is not acceptable, you may file a complaint through Health Related Boards, Office of Investigations. This website explains the complaint process and a complaint form can be downloaded from this site. **Tennessee Department of Health, Health Care Facilities**

1-877-287-0010

When a problem is experienced with a specific licensed and/or certified facility, you should file your complaint with the Division of Health Care Facilities. This website explains the complaint process and a complaint form can be downloaded from this site. **Tennessee Department of Health Division of Emergency Medical Services EMS Investigations**

(615) 741-2584

Many complaints arise from misunderstandings. You may be able to resolve complaints by direct communication with the service director. If you are not satisfied with the response, you may file a complaint with the Division of Emergency Medical Services (EMS). **Tennessee Department of Commerce Consumer Insurance Services**

1-800-342-4029

This section coordinates several consumer oriented programs such including interceding in insurance claims and other insurance related disputes. **Tennessee Department of Commerce Consumer Insurance Services Complaint Form (PDF)**

A Consumer Guide to Handling Disputes with your Employer or Health Care Plan

This website information is provided by the Kaiser Family Foundation. For HMOs, Tennessee requires consumers to use their health plan's internal grievance process prior to asking the Commissioner of the Insurance Division for a review. Health plans must provide not only an initial review, but also a reconsideration of the review if you request one. If you are unsatisfied with the results of your review you may either ask your health plan for an independent review, which can cost \$50, or can ask the Insurance Division to review the decision, which is available at no charge. The two processes use different rules and timelines; independent review through the health plan is described on this website. HMO grievances filed with the Insurance Division are reviewed by Division staff, which includes a physician.