

## TO REPORT A COMPLAINT

Century Health Solutions strives to offer a network of quality providers for you to select for your medical care. Please inform us of any complaint regarding a medical provider participating in the Century network or the administrative services we provide. Patterns of complaints involving the same provider or facility may allow us to identify concerns and improve the level of care provided by participating providers.

**QUESTIONS OR COMPLAINTS RELATED TO ELIGIBILITY, CLAIM PAYMENTS OR BENEFIT DETERMINATIONS SHOULD BE DIRECTED TO YOUR INSURANCE COMPANY OR PLAN ADMINISTRATOR.**

Your complaint must be received in writing. Please use the following Complaint Form although Century will also accept your complaint in the form of a letter.

- State your complaint clearly and concisely.
- You should enclose copies of all relevant documentation. Do not send original documents.
- If we have to contact the provider related to your complaint, you may be requested to sign an authorization for release of information at a later date.

Please fax or mail the completed Complaint Form to Century Health Solutions at:

CENTURY HEALTH SOLUTIONS  
ATTENTION: ADMINISTRATION  
P.O. BOX 1676  
TOPEKA, KANSAS 66601-1676

FAX NUMBER (785) 232-3454

