Professional Services Complaint

Complainant First Name	
Complainant Last Name	
Complainant Telephone Number	
Complainant State	
Beneficiary First Name	
Beneficiary Last Name	
Beneficiary Subscriber ID#	
Provider First Name	
Provider Last name	
Provider E-Mail Address	
Provider Telephone Number	
Provider State	
Medicare Advantage or MMA Plan Name	
Claim Number	
Date(s) of Service	
Complaint summary	

Please submit completed form to:

Governing Body for Professional Review
20/20 Hearing Care Network
2900 W Cypress Creek Rd, Ft Lauderdale, FL 33309