

Virginia Cardinal Care Program Complaint Form

Public Partnerships LLC (PPL) strives to provide the highest quality service possible. **In the event you are dissatisfied with PPL services you may complete this form and click submit or return it to: pplva@pcgus.com**. PPL will use this form and the information included to provide an official response within five (5) business days. A representative may contact you before providing an official response to request additional information. If any information is missing, this form will be considered incomplete and PPL staff will notify you that a complete form with all required fields must be resubmitted.

Submitter Information		
Name:	PPL ID (if applicable):	Medicaid ID (if applicable):
Role in Program: <div style="display: flex; justify-content: space-between; font-size: small;"> Consumer Attendant Employer of Record Service Facilitator Other: </div>		
Associated MCO: <div style="display: flex; justify-content: space-between; font-size: small;"> Aetna Anthem Optima United </div>		
Best Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email		Phone Number:
Best time to contact: _____		Email:
Address:		
City:	State:	Zip Code:

Complaint Statement
<i>(Please describe issue and include details, such as: payment dates, dates of service, participant name, PPL staff name, etc.)</i>
Topic: <input type="checkbox"/> Enrollment <input type="checkbox"/> Payment <input type="checkbox"/> Taxes <input type="checkbox"/> Patient Pay <input type="checkbox"/> Other: _____

Desired Outcome

Signature

Date