



# NC DEPARTMENT of INSURANCE

**MIKE CAUSEY, COMMISSIONER**

North Carolina Department of Insurance

Phone: 855-408-1212

Fax: 1-866-848-9856

File number: \_\_\_\_\_ (office use only)

An online version of this form is available at [www.ncdoi.gov/consumers](http://www.ncdoi.gov/consumers)

## Request for assistance

(Please do not staple)

### Personal information

(Please print)

Your name (last, first, middle initial): \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of communication:

Email  Telephone  U.S. mail

Relationship to insured:

- Self
- Spouse
- Medical provider
- Attorney
- Beneficiary
- Other driver
- Passenger
- Other: \_\_\_\_\_

## Insurance information

Name of insured (last, first, middle initial): \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Claim or certificate number: \_\_\_\_\_

Agent: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Date of loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of insurance:

Life  Health  Auto  Homeowners  Other: \_\_\_\_\_

If life or health policy, in which state was the policy or certificate purchased? \_\_\_\_\_

Are you represented by an attorney in this matter?

Yes  No

(If yes, we must have your attorney's consent in writing to assist you.)

Are you covered under the North Carolina State Health Plan?

Yes  No

Are you covered under a self-funded employer plan?

Yes  No

Are you requesting assistance with filing a medical appeal for denied medical services?

Yes  No

Is this a complaint about a pharmacy benefits manager (PBM)?

Yes  No

Reason:

Audit  Network  Claims  Other: \_\_\_\_\_

PBM name: \_\_\_\_\_

PBM BIN: \_\_\_\_\_

PBM group number: \_\_\_\_\_

PBM PCN: \_\_\_\_\_

## Details of complaint

(Please attach copies of documents relating to this matter.)

The North Carolina Department of Insurance is authorized to send a copy of this document and any attachments to any company or agency involved. I authorize the release of all relevant information to the Department for use in the review of this matter. I understand that consumer complaints become public record in accordance with applicable laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider or doctor(s) recommending the services:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Medical appeals: release of your medical information

The undersigned has requested assistance from the North Carolina Department of Insurance with a medical appeal. To facilitate this assistance, the undersigned authorizes the Department to obtain from the health plan or health insurance issuer involved, and their subcontractors, all information relating to the matter in question, including but not limited to the individual's files and medical record information.

Payment of any fees required to obtain these records is the sole responsibility of the undersigned. This authorization may be revoked at any time. Revocation will be effective upon receipt but will not affect actions already taken based on this authorization. As provided by N.C.G.S. § 58-2-105, all patient medical records in the possession of the Department shall be confidential.

Printed name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Services provided by the North Carolina Department of Insurance**

- Education regarding your insurance policy
- Case management of your complaint, including review of circumstances and requiring corrective action if the insurance company's position does not comply with applicable requirements
- Assistance for consumers covered under the State Health Plan or a self-funded employer plan; however, the Department does not regulate these entities
- Recommendations for other courses of action when the Department lacks regulatory authority to resolve the issue
- The Department does not make legal determinations, act as legal representation, determine negligence or fault, or establish claim value or damages.
- For provider complaints only: do not include any patient-identifying information on this form. Such information may appear only on documentation attached to this form.

North Carolina Department of Insurance  
Consumer Services Division  
1201 Mail Service Center  
Raleigh, North Carolina 27699-1201

Mike Causey, Commissioner  
(Revised April 2022)