



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

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)