



Office of the Health Insurance Commissioner
Complaint Review Process

An individual who believes that there has been a violation of insurance statute(s) and/or regulation(s) may file a written complaint with the Office of the Health Insurance Commissioner. All such complaints must be signed by the Claimant. All complaints filed shall be processed in accordance with the Office of the Health Insurance Commissioner internal complaint review process.

All complaints filed must be in writing. Upon receipt of the written complaint, the OHIC will make an initial determination with respect to standing and jurisdiction. The OHIC will then send an acknowledgement letter to the complainant advising that the Office is reviewing the matter and will contact the complainant when the situation warrants. The letter of complaint together with any attachments will be sent to the licensee named in the complaint for reply. Once OHIC has concluded its review, a letter will be sent to the complainant stating the Office's findings.

The Office of the Health Insurance Commissioner will only accept complaints filed by the individual Claimant, the complaint filed by a Claimant's designated immediate family member (spouse, parent, sibling or off spring) on behalf of the Claimant, the Claimant's attorney admitted to practice law in this state, or an executor and/or administrator or other court-approved legal representative of the Claimant's estate.

All disputes regarding the terms and provisions of the Policy must be resolved between the Insurer and the Claimant if the dispute is not covered by statute or regulation. The OHIC's authority is limited to jurisdictional matters pursuant to R.I. General Laws. The Office DOES NOT have the authority to settle or arbitrate claims or to determine liability or determine that an Insurer should pay a claim. Nothing in the complaint process shall be deemed to prohibit either the Insurer or the Claimant from seeking redress in the appropriate judicial forum.

Protecting Consumers • Ensuring Solvency • Engaging Providers • Improving the System

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State of Rhode Island and Providence Plantations
Office of the Health Insurance Commissioner
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Cranston, RI 02920

OFFICE OF THE HEALTH INSURANCE COMMISSIONER COMPLAINT FORM
(Please print or type all information clearly)

Before you file a complaint with the Office of the Health Insurance Commissioner, we suggest that you first contact the licensee named in this complaint in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Do NOT send original documents. Please mail your completed form to the address shown above.

COMPLAINT FILED BY:

Name: _____ Daytime Phone # _____

Address: _____

City: _____ State _____ Zip code _____

Type of Insurance: **HEALTH INSURANCE ONLY**

COMPLAINT FILED AGAINST:

Name and address of Insurance Company and/or individual/firm/licensee complaint filed against.

Policy # _____ Claim # _____

Have you contacted the licensee involved in this matter? Yes/No. If yes, please indicate the person(s) and dates(s) contacted in your details of the complaint on page 2 of this form and attach copies of any correspondence sent to and received from the licensee(s).

Have you previously written to the Office of the Health Insurance Commissioner or Department of Business Regulation- Division of Insurance about this matter? Yes/No.

If yes, please provide DOI File # _____ and attach copies of any correspondence sent to and received from this Office on this matter.

Have you reported this matter to the Attorney General's Office or any other government agency? Yes/No. If yes, please provide agency name and a copy of any communication sent and received:

Government Agency

Contacted: _____ File# _____

