Filing a complaint to DOI (Dept of Insurance)

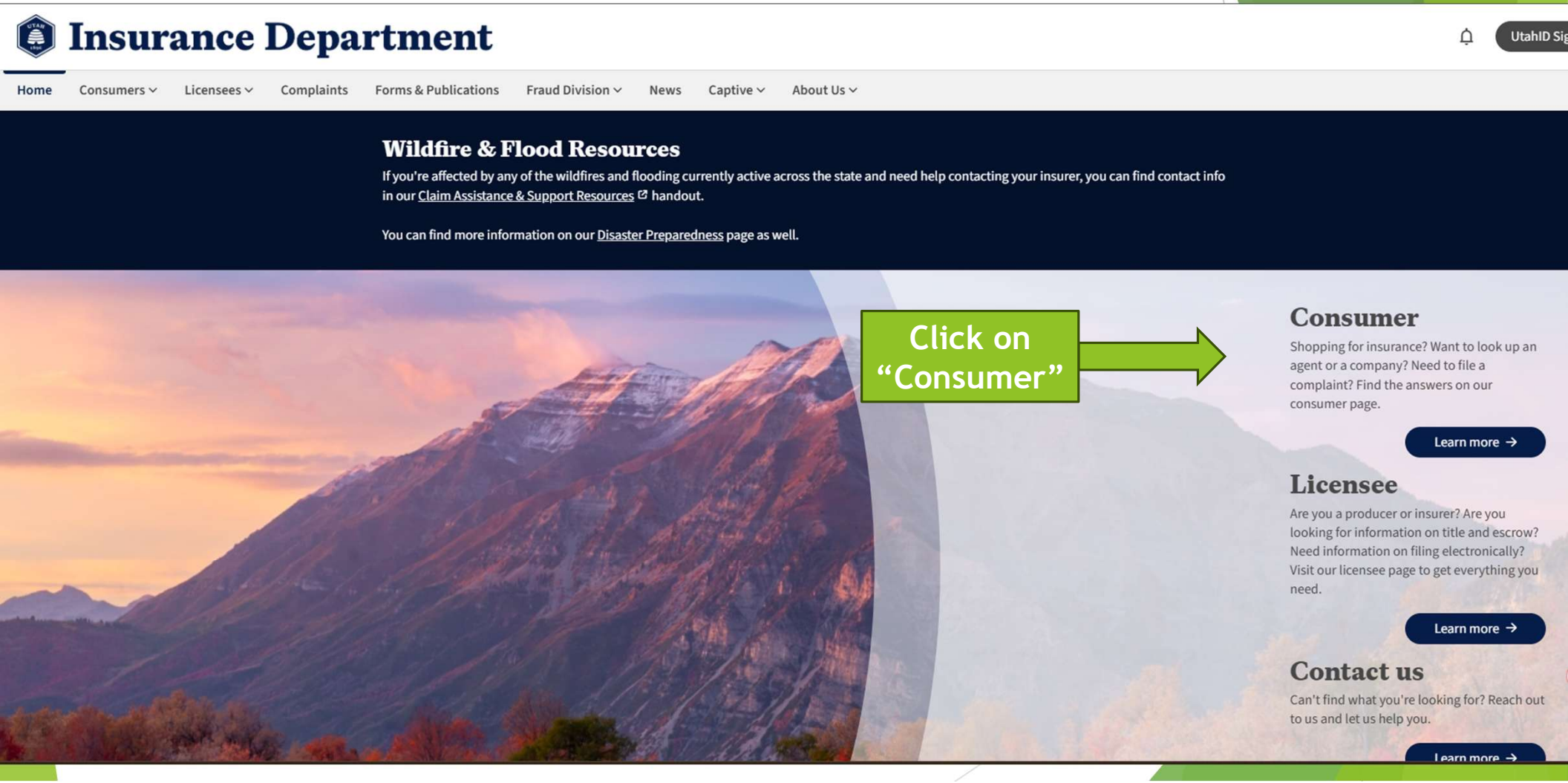
If there is no documentation submitted,
it didn't happen!

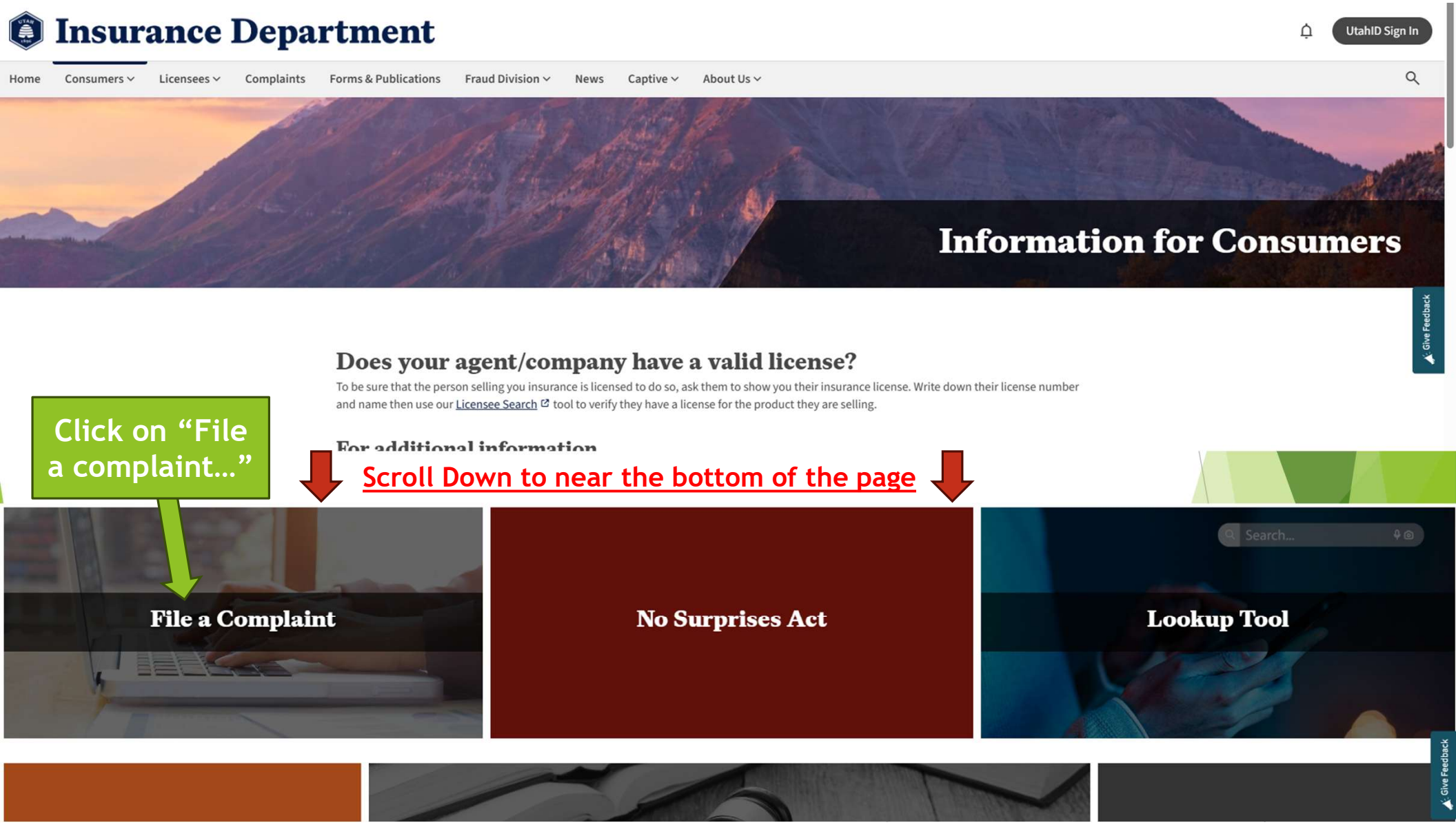
- The UDA sent to the insurance commissioners office.
  - 30 pages of over 250 dentist's complaints
- They Need documentation, rather than just a verbal complaint to fight back
  - Virtual Credit Card issues –
  - Retro denials – Money being taken out of other patients claims or other providers?
  - Non-covered services – What limits are being claimed by third-party payer?
  - Bundling or Downcoding – Identify what is being bundled and/or downcoded improperly?
  - Other Utah Law violations

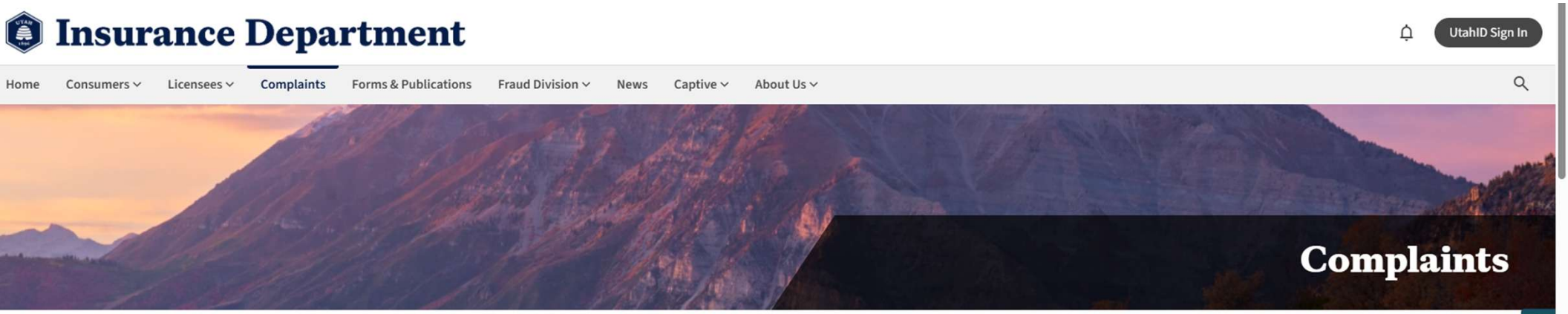
Who has filed a complaint with DOI? – Send it in, it's not that hard!

Go to: insurance.utah.gov

Go to: insurance.utah.gov




Insurance Department
UtahID Sign In
Home
Consumers
Licensees
Complaints
Forms & Publications
Fraud Division
News
Captive
About Us
Information for Consumers
Give Feedback
Does your agent/company have a valid license?
To be sure that the person selling you insurance is licensed to do so, ask them to show you their insurance license. Write down their license number and name then use our Licensee Search tool to verify they have a license for the product they are selling.
For additional information
Click on "File a complaint…"
Scroll Down to near the bottom of the page
File a Complaint
No Surprises Act
Search...
Lookup Tool
Give Feedback



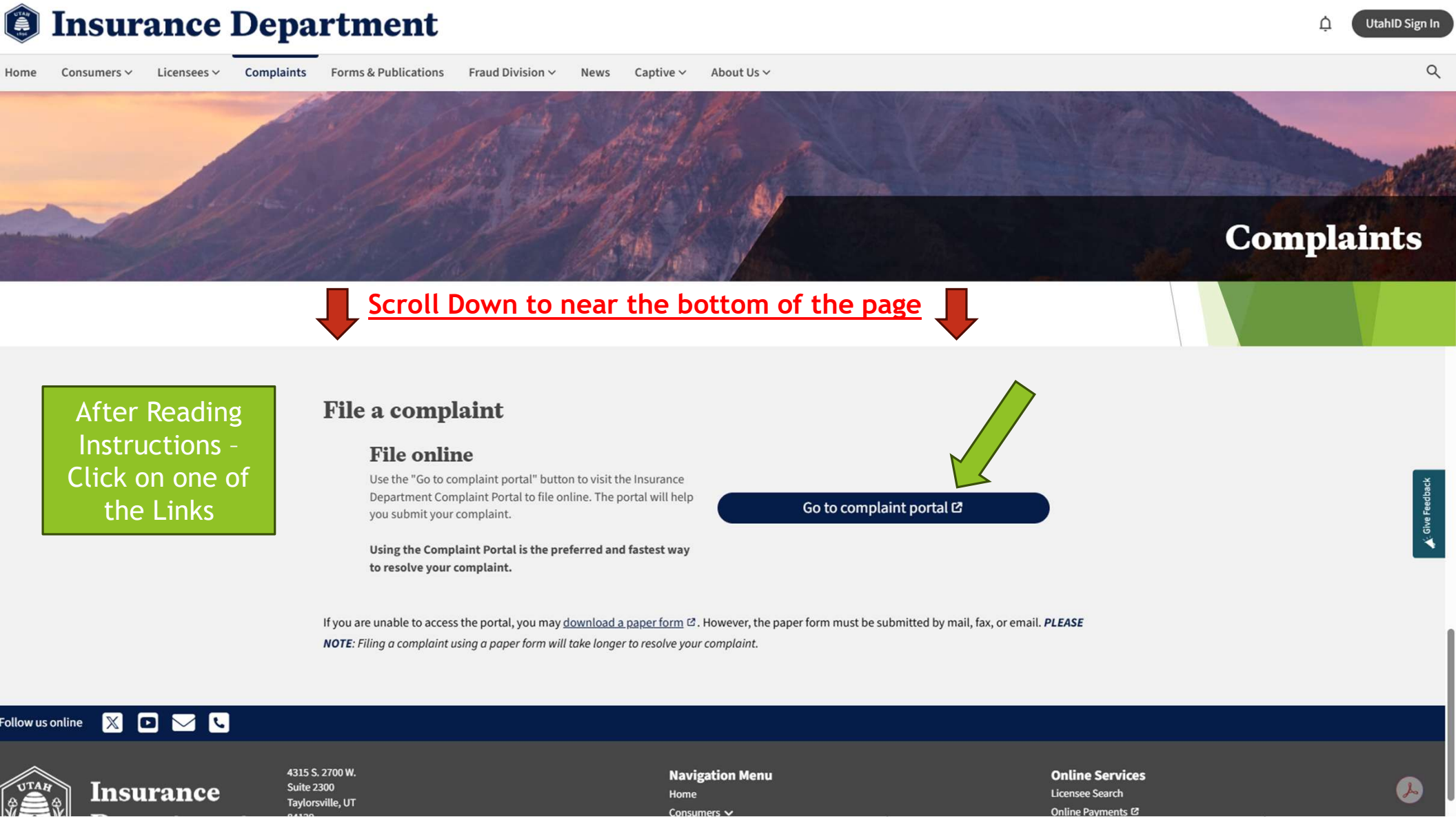
Read Instructions- Then Scroll to the Bottom or Click this Link

Filing a complaint

The Utah Insurance Department has a staff of insurance experts available to help you understand your insurance coverage and answer your questions. If you have been unable to resolve a problem with your insurance company or agent, you may contact our staff for assistance, or file a written complaint. Most types of complaints can be filed through the Complaint Portal, including:

- lth insurance complaints)
  - PBM/Pharmacy
- Annuities
- Life insurance
- Property & casualty insurance

If your complaint involves health insurance, please refer to the Health Insurance Complaints section below. Our consumer service personnel are available to assist you between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday by calling: Salt Lake City area: 801-957-9200 In-state toll-free: 1-800-439-3805.


Insurance Department
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Home
Consumers
Licensees
Complaints
Forms & Publications
Fraud Division
News
Captive
About Us
Complaints
Scroll Down to near the bottom of the page
After Reading Instructions - Click on one of the Links
File a complaint
File online
Use the "Go to complaint portal" button to visit the Insurance Department Complaint Portal to file online. The portal will help you submit your complaint.
Using the Complaint Portal is the preferred and fastest way to resolve your complaint.
Go to complaint portal
Give Feedback
If you are unable to access the portal, you may download a paper form. However, the paper form must be submitted by mail, fax, or email. PLEASE NOTE: Filing a complaint using a paper form will take longer to resolve your complaint.
Follow us online
Insurance
4315 S. 2700 W.
Suite 2300
Taylorsville, UT
Navigation Menu
Home
Consumers
Online Services
Licensee Search
Online Payments

UTAH
INSURANCE
DEPARTMENT

4315 S 2700 W
Taylorsville, UT 84129
(801) 957-9200

Please type your e-mail address and password in the fields below to gain access to the Consumer Portal.

You will need to Create an Account
-
Keep track of password for future complaints

Email

Password

Forgot password?

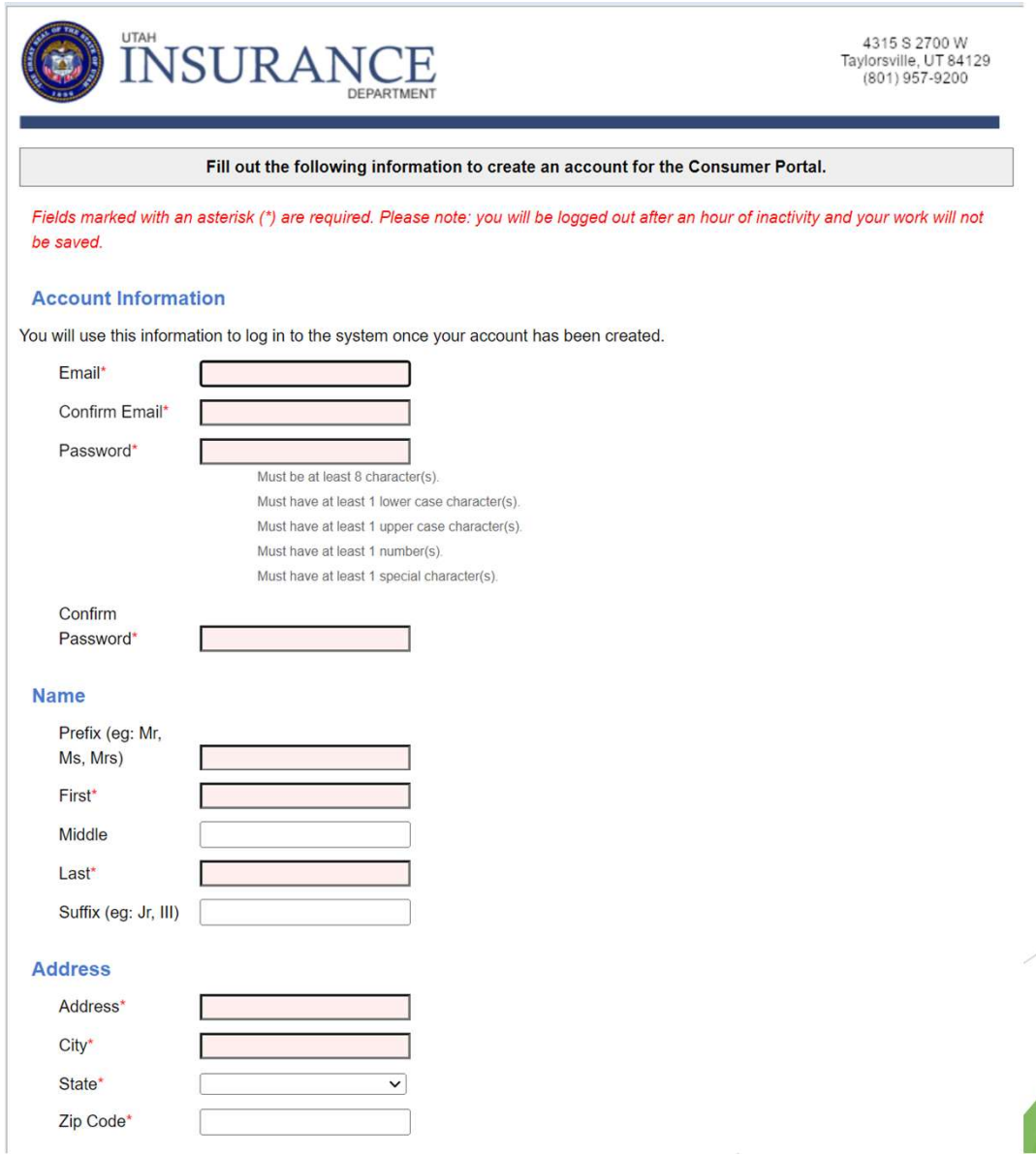
Login

Create Account

If this is your first time using the Consumer Portal or you do not have an account, click the "Create Account" link above.

This is setting up an Account –

Note: All red shaded areas are required fields



UTAH INSURANCE DEPARTMENT

4315 S 2700 W
Taylorsville, UT 84129
(801) 957-9200

Fill out the following information to create an account for the Consumer Portal.

Fields marked with an asterisk (*) are required. Please note: you will be logged out after an hour of inactivity and your work will not be saved.

Account Information

You will use this information to log in to the system once your account has been created.

Email*

Confirm Email*

Password*

Must be at least 8 character(s).
Must have at least 1 lower case character(s).
Must have at least 1 upper case character(s).
Must have at least 1 number(s).
Must have at least 1 special character(s).

Confirm Password*

Name

Prefix (eg: Mr, Ms, Mrs)

First*

Middle

Last*

Suffix (eg: Jr, III)

Address

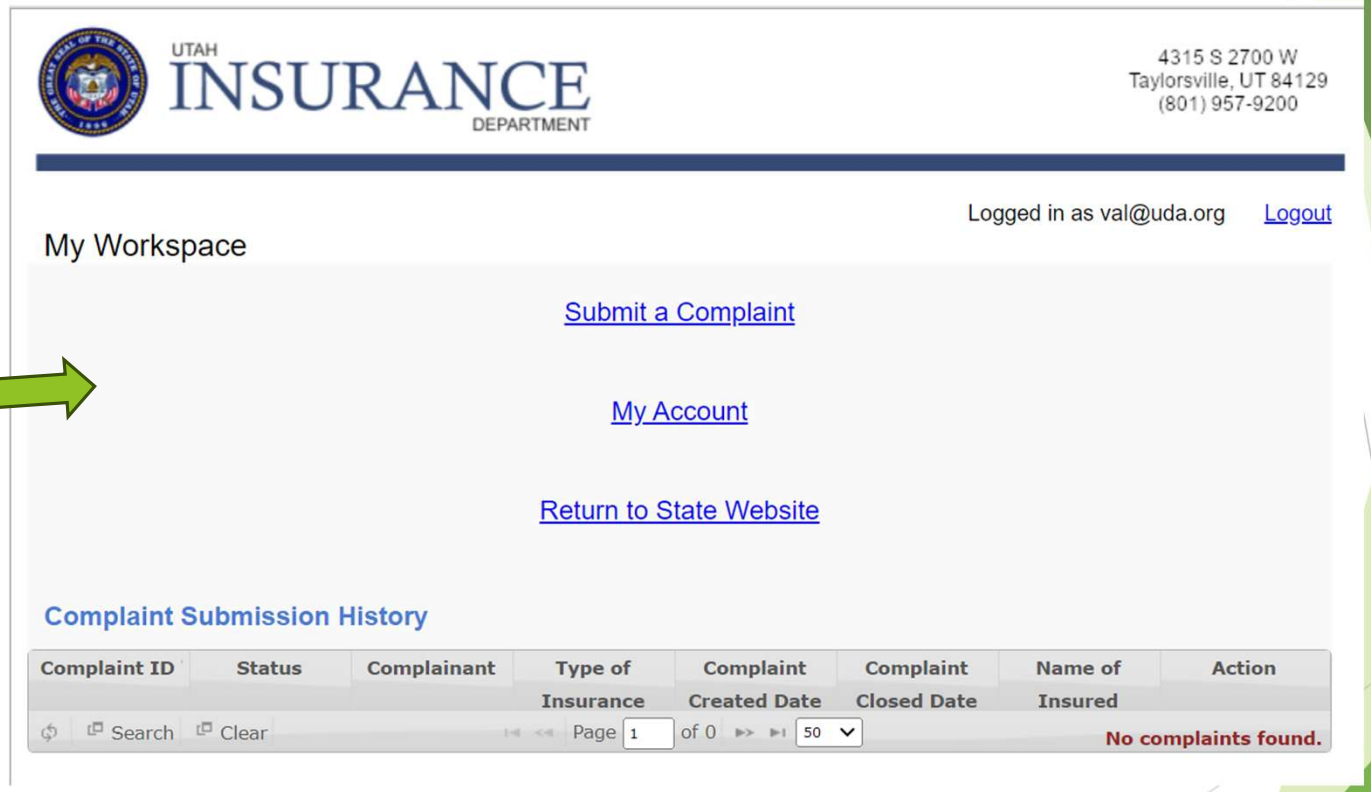
Address*

City*

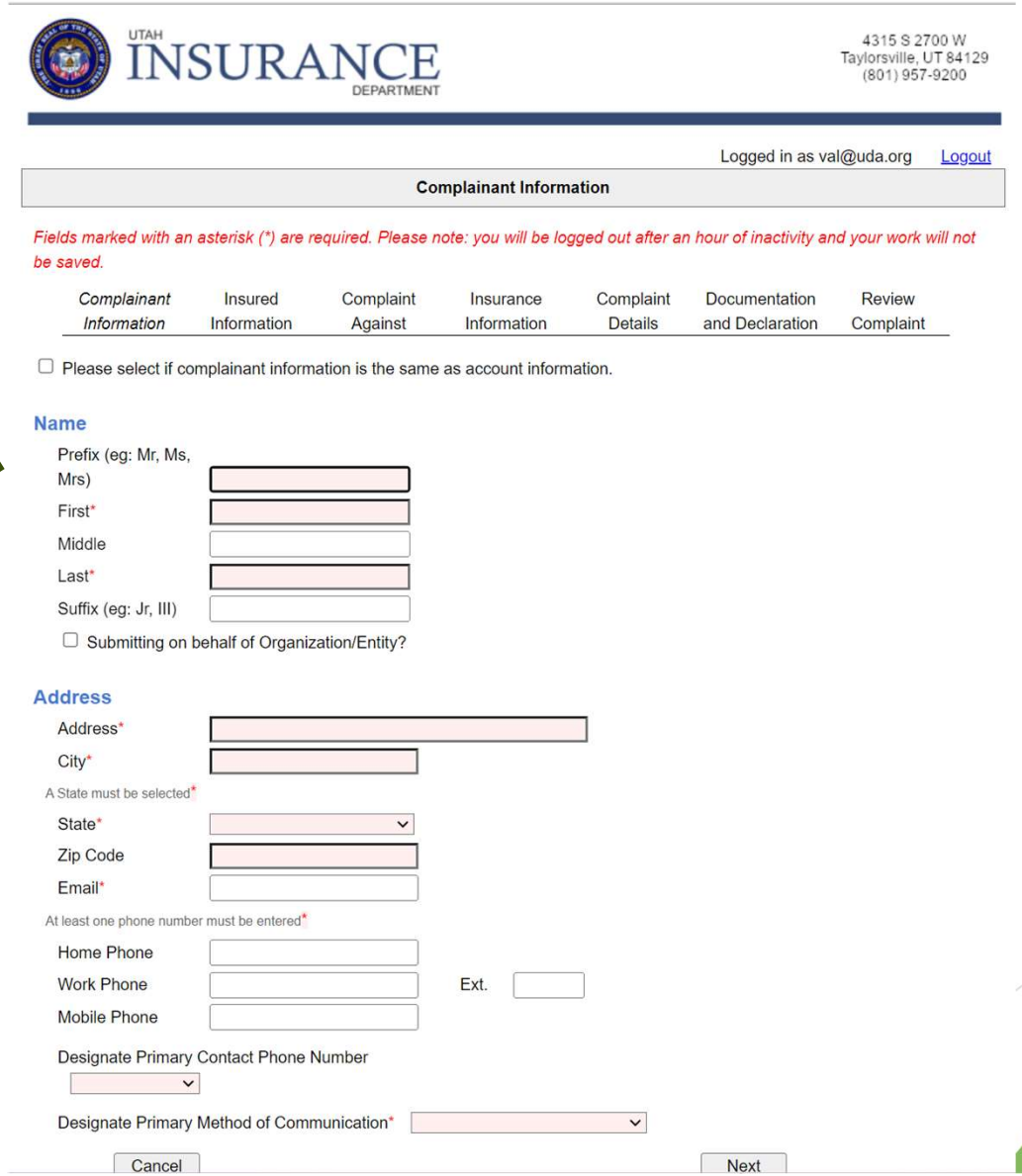
State*

Zip Code*

Click on Submit a Complaint



Fill out the Complainant Information



UTAH INSURANCE DEPARTMENT

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Logged in as val@uda.org Logout

Complainant Information

Fields marked with an asterisk (*) are required. Please note: you will be logged out after an hour of inactivity and your work will not be saved.

Complainant Information | Insured Information | Complaint Against | Insurance Information | Complaint Details | Documentation and Declaration | Review Complaint

☐ Please select if complainant information is the same as account information.

Name

Prefix (eg: Mr, Ms, Mrs)
First*
Middle
Last*
Suffix (eg: Jr, III)

☐ Submitting on behalf of Organization/Entity?

Address

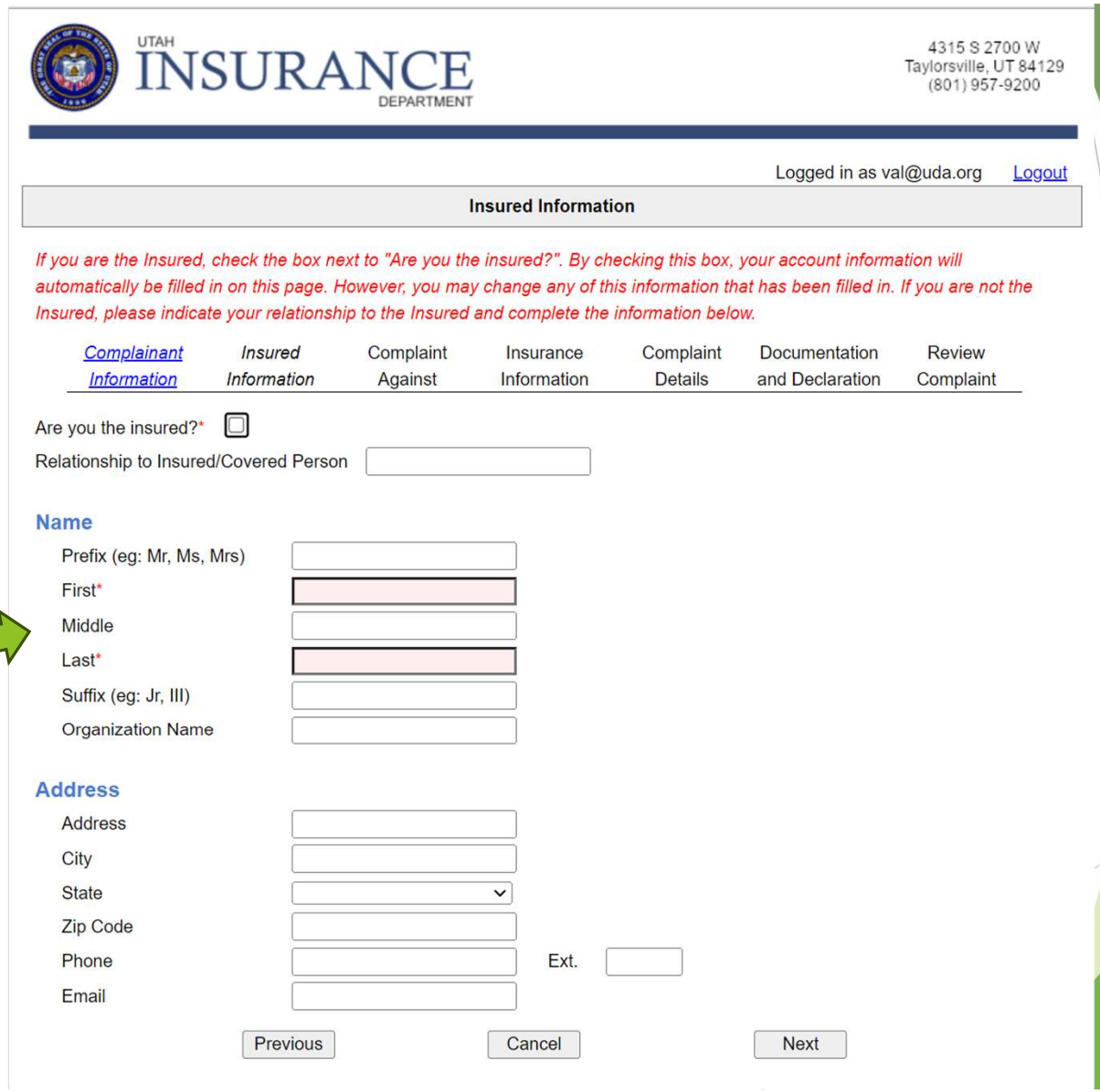
Address*
City*
A State must be selected*
State*
Zip Code
Email*
At least one phone number must be entered*
Home Phone
Work Phone Ext.
Mobile Phone

Designate Primary Contact Phone Number

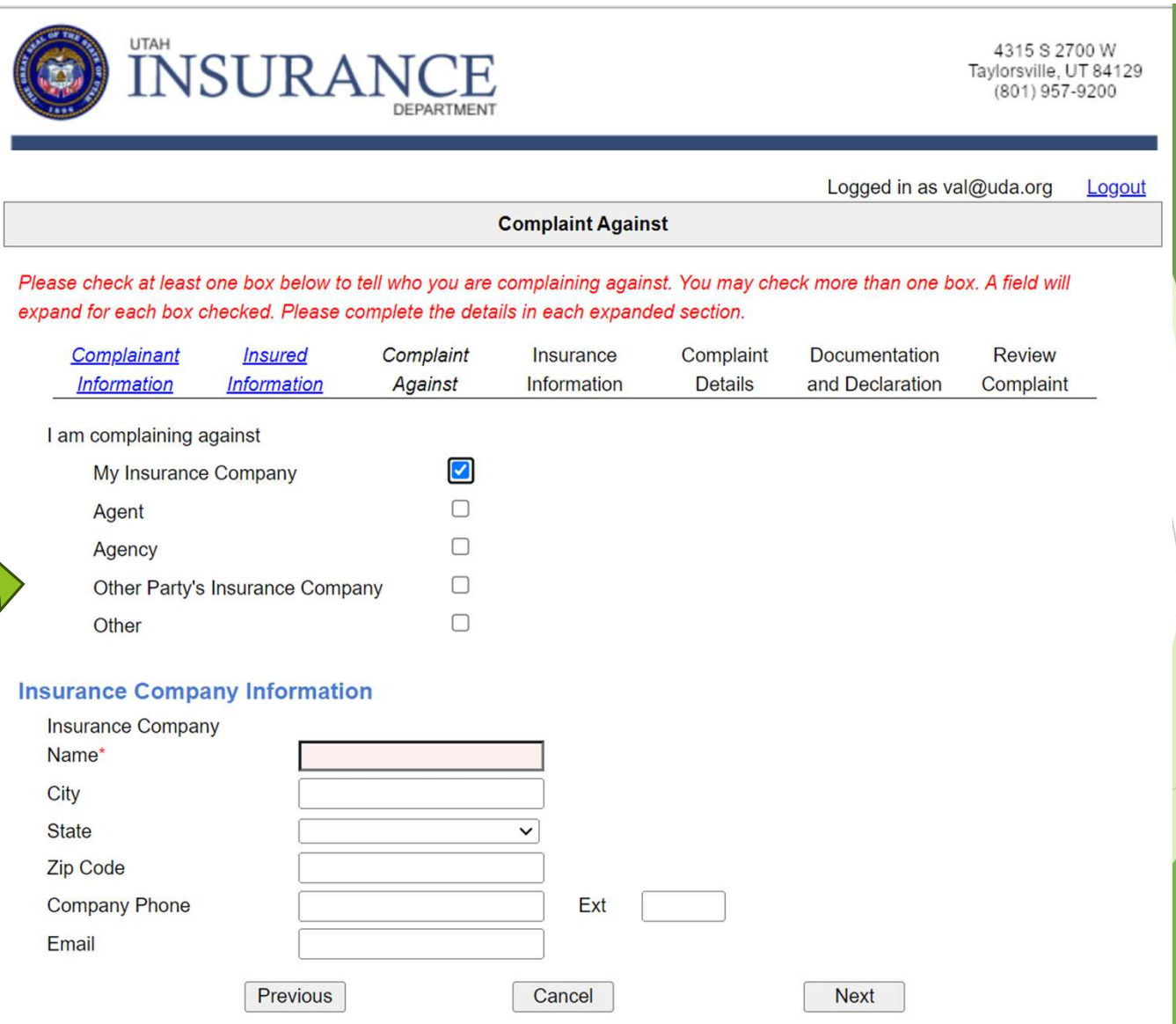
Designate Primary Method of Communication*

Cancel Next

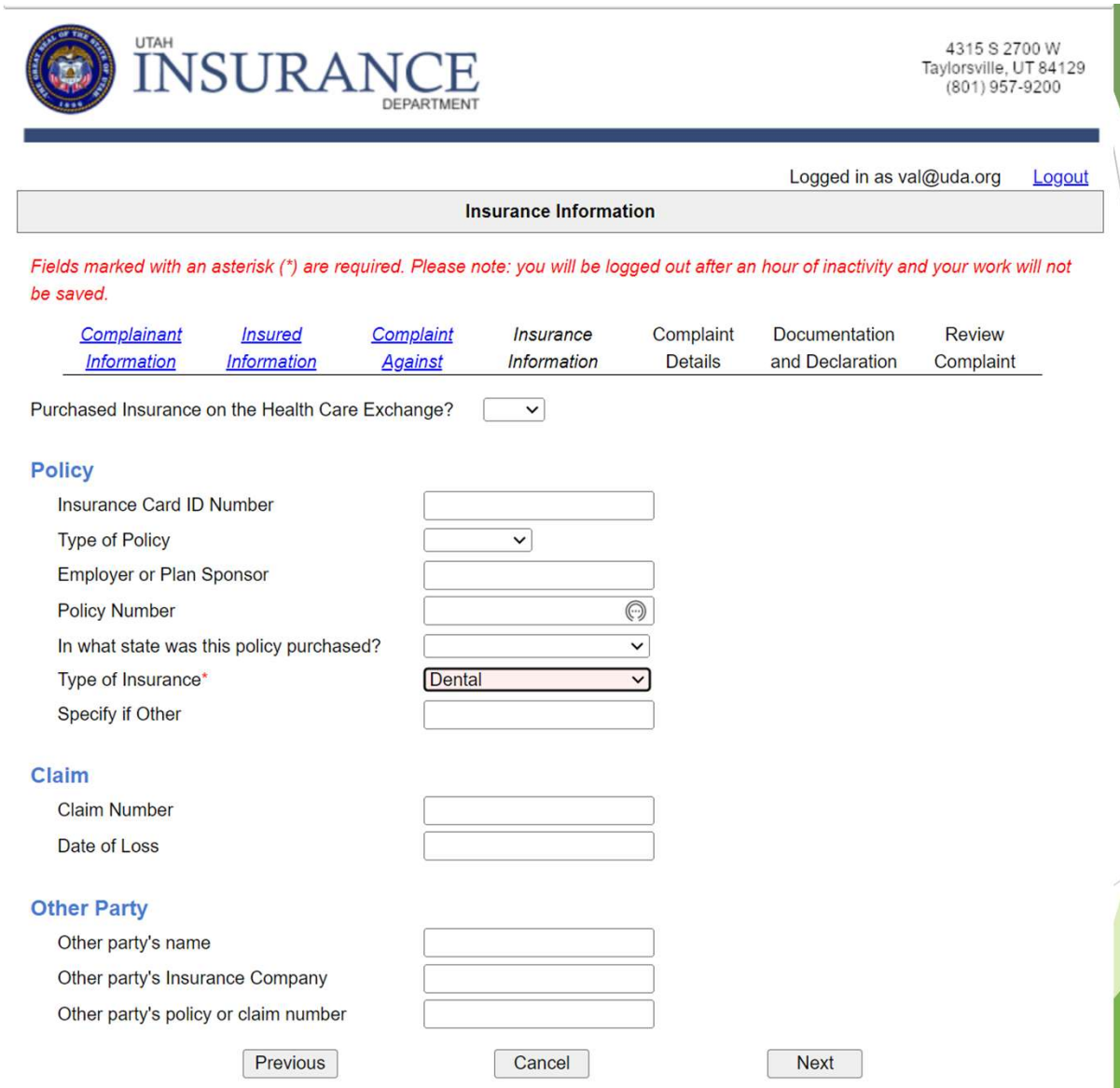
Fill out the Insured Information



Fill out information on who the Complaint is against



Fill out the Insurance Information



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Insurance Information

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Complainant Information | Insured Information | Complaint Against | *Insurance Information* | Complaint Details | Documentation and Declaration | Review Complaint

Purchased Insurance on the Health Care Exchange?

Policy

- Insurance Card ID Number
- Type of Policy
- Employer or Plan Sponsor
- Policy Number
- In what state was this policy purchased?
- Type of Insurance* — Dental
- Specify if Other

Claim

- Claim Number
- Date of Loss

Other Party

- Other party's name
- Other party's Insurance Company
- Other party's policy or claim number

Previous | Cancel | Next

Important : Fill out the Complaint Details

–

Include fact details and the perceived law violations.
(Do not need to include opinions)

Upload documentation

-

Include Complaint ID number on documents sent

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Documentation and Declaration

You will be asked below if you have documentation to submit. If you select the upload option, you will be taken to the document upload screen after successfully submitting your complaint. If you wish to mail or fax your documentation, please send your documents to the address and fax at the bottom of this page. You will be given a Complaint ID Number after you successfully submit your complaint. Please reference that Complaint ID Number on any correspondence you send by mail or fax.

Complainant Information | Insured Information | Complaint Against | Insurance Information | Complaint Details | *Documentation and Declaration* | Review Complaint

Documentation

Do you have supporting documents? If so, how will you send them to us?*

☐ Upload ☐ Fax (385) 465-6047 ☐ Mail (See address top right) ☐ None to supply

Declaration/Authorization/Release

Declaration/Authorization*

☐ By checking this box, under penalties of perjury, I, the complainant, affirm that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

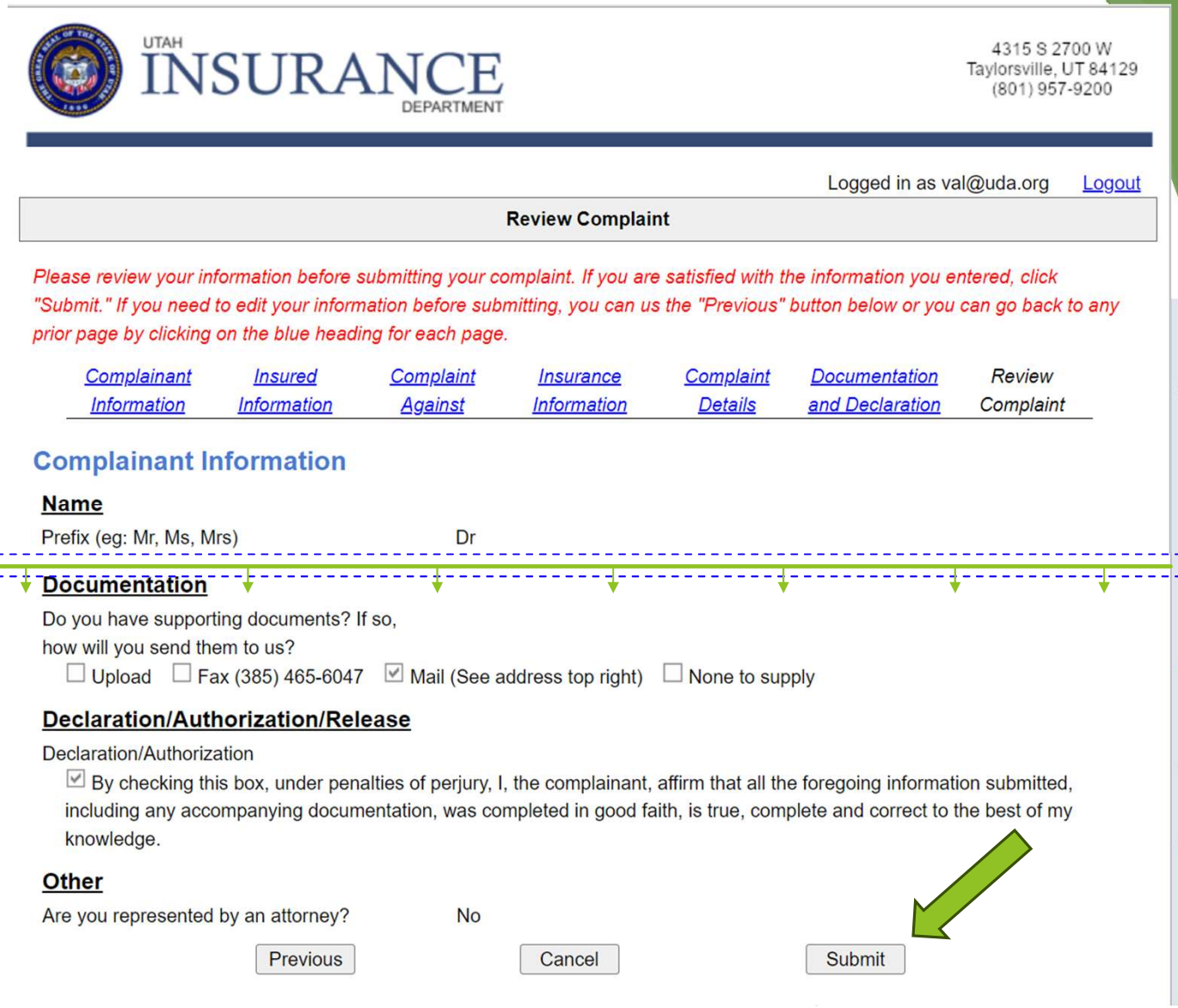
Other

Are you represented by an attorney?* ○ Yes ○ No

If yes, please give name, address and phone number.

Previous Cancel Next

Review all Information - Scroll to the bottom to Submit



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Logged in as val@uda.org Logout

Review Complaint

Please review your information before submitting your complaint. If you are satisfied with the information you entered, click "Submit." If you need to edit your information before submitting, you can us the "Previous" button below or you can go back to any prior page by clicking on the blue heading for each page.

Complainant Information | Insured Information | Complaint Against | Insurance Information | Complaint Details | Documentation and Declaration | Review Complaint

Complainant Information

Name

Prefix (eg: Mr, Ms, Mrs) Dr

Documentation

Do you have supporting documents? If so, how will you send them to us?

☐ Upload ☐ Fax (385) 465-6047 ☑ Mail (See address top right) ☐ None to supply

Declaration/Authorization/Release

Declaration/Authorization

☑ By checking this box, under penalties of perjury, I, the complainant, affirm that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

Other

Are you represented by an attorney? No

Previous Cancel Submit

Uploading Documents will occur after submitting (at the end)

If your complaint includes information from a phone call:

If Discussion of an Insurance Concern occurs on a phone call. The call needs to be documented.

a- **NAMES** of the people on both ends of the call
b- **PHONE NUMBER** called
c- **DATE** of call
d- **QUOTE EXACT STATEMENTS**, not an interpretation of the statement.
e- Ask for a **Reference Number** for the conversation

As with patient charts or notes, "If it's not documented, It Didn't Happen"

Insurance Department