



Illinois Department of Insurance

Health Insurance Products Consumer Complaint Form

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001
877-527-9431 (toll free)
217-524-4872 (TDD)
<http://insurance.illinois.gov>

Updated - 12/11/2017

This form must be completed in its entirety. If any fields are not completed upon submission, it will be rejected

Patient Information

Last		First		MI	
Address		City		State	Zip
Phone Number		Email			

Insurance Information

Insurance Company Name			Policy ID		
Policy Holder Name		Employer/Sponsor Name			
Claim Date(s) of Service		Claim Number(s)			
Type of Coverage	Health/PPO	HMO	Disability	Long Term Care	Medicare Supplement
Other (please specify)					

Please describe the procedure, treatment or drug that is being denied and why you disagree

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Please attach all supporting documentation, including copy of front and back of insurance ID card.

Patient Consent for Inquiries, Complaints and Release of Medical Records

Patient, Parent of a Minor Child, or Legal Representative

(Legal Representative - guardian, power of attorney, executor or administrator - **MUST** attach official documentation).

By signing below I hereby authorize the release of medical records necessary for this review. I understand that these records may be obtained from the insurance carrier, the utilization review company, and/or any relevant medical provider(s) and will be utilized solely for the purpose of conducting this review and may be viewed by an auditor of the Department of Insurance for quality review and examination of record purposes.

Patient, Parent or Legal Representative

Signature ONLY _____

Date _____

IF YOU ARE NOT THE PATIENT, PARENT OR LEGAL REPRESENTATIVE

Please complete the "Appointment of Authorized Representative" Form and submit with this request.

Return this request and supporting attachments to:

Illinois Department of Insurance
Office of Consumer Health Insurance
External Review Request
320 W. Washington Street
Springfield, IL. 62767

Fax Number - 217-558-2083

Message Center Website - <https://mc.insurance.illinois.gov/messagecenter.nsf>

Email - consumer_complaints@ins.state.il.us