Illinois Department of Insurance
Workers Compensation Complaint Form

320 W. Washington Street
Springfield, IL 62767
Phone 866-445-5364
TDD 217-524-4872
Fax 217-558-2083
consumer_complaints@ins.state.il.us

Has this complaint been filed before? Yes ☐ No ☐ If so, please provide complaint # _____

Complainant/ Provider		Date	
Address	City	State	Zip Code
Phone Number(s)	Email Address		
Individual completing this form (if different from above)	Relationship to Complainant Self ☐ Other _____		
Name of Insurance Company/ Third Party Administrator/ Agency my complaint is against			
Address	City	State	Zip
Patient			
Employer / Policyholder		**Policy Number**	
State policy was issued in	**Date of Loss**	**Claim Number**	

This complaint involves

☐ Premium Billing or Audit ☐ Class Code dispute ☐ Interest payment dispute

☐ Cancellation ☐ Non-renewal ☐ Other topics?

Original effective date of policy:	Date coverage did/will terminate:
Is this a new or renewal policy?	

You may be entitled to a hearing to appeal the **cancellation** of your policy. Please attach a copy of the notice you received from your insurance company with this complaint form.

Do you wish to request a hearing? Yes ☐ No ☐

Please describe your complaint on the back and the following **must** be provided:

Required for all complaints:

1. Completed Complaint Form
2. Documentation of prior attempts to resolve the issue prior to filing complaint with this Department

For Premium Billing/Audit/Other Disputes:

1. Copy of Policy, Premium Audit Report, Billing Statements and/or Cancel/Nonrenewal Notice
2. Documentation to support your dispute: previous audits and/or policy, Operations/Employee duties verification, NCCI determination, Certificate of Insurance, etc.

For Provider Disputes:

1. Documentation of nonpayment to the provider for either all or a portion of the bill: Copy of bill(s), medical data required to support bill.
2. Documentation of delayed payment (payments made but not within 30 days) and if applicable, Company/TPA response refusal to pay interest.
3. Documentation of bill(s)/claim previously disputed/denied and now determined to be compensable by settlement or IWCC Ruling. Copy of settlement or ruling.

Important Notice: Complaints filed with the Department of Insurance are confidential records and will not be released to any third parties, except the policy owner or authorized representative, or the party against whom the complaint has been filed.

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What do you consider a fair resolution to your issue?

Complaints can be submitted on line at www.mc.insurance.illinois.gov

or emailed to: consumer_complaints@ins.state.il.us

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