

FACES:

The National Craniofacial Association 1-800-332-2373

SAMPLE LETTER OF COMPLAINT TO YOUR STATE'S INSURANCE COMMISSIONER

(FILL IN THE BLANKS AND SEND WHEN YOU ARE NOT SATISFIED WITH ANY ASPECT OF YOUR
INSURANCE COMPANY'S PROCEDURES)

(Your Name)
(Your Address)
(Your City, State, and Zip)
(Date)

(Your State's Insurance Commissioner)
(Your Commissioner's Address)
(Your Commissioner's City, State, and Zip)

ATTENTION: Complaint Investigations
RE: Claim Number 000000 (or other referencing information)

This is to inform you that in my opinion, (*Name of Insurance Company*) is not complying with the contract agreements in my health insurance policy, (*Policy Number, Group Number, and any other identifying numbers of your policy*).

I am filing a complaint because I believe (*Name of Insurance Company*) has unjustly denied the above referenced claim for (*Type of medical services*).

I am enclosing copies of the section of my insurance policy that provides for this coverage and all correspondence between me and (*Name of Insurance Company*) for your convenience.

Please investigate this matter and notify me of your response.

Sincerely,

(Your name)
(Telephone Number)

cc: (Name of your insurance Plan Administrator)
(Name of your Employer)
(Your Attorney)