

REQUEST FOR ASSISTANCE

TO:

OKLAHOMA INSURANCE DEPARTMENT
 2401 NW 23 STREET, SUITE 28
 P.O. BOX 53408
 OKLAHOMA CITY, OK 73152-3408



DATE: _____

FROM: Mr.
 Mrs.
 Ms.

Telephone # (____) _____ - _____

Address: _____ City/State: _____ Zip: _____

If **Insured or Health Maintenance Organization ("HMO") member** is different than person requesting assistance, complete the following:

Insured or HMO Member's name: _____ Telephone #: (____) _____ - _____

Address: _____ City/State: _____ Zip: _____

Name of **INSURANCE CO.** about which you are requesting assistance: _____

Address: _____ City/State: _____ Zip: _____

Policy Number: _____ **Effective Date:** _____ **Type of Insurance:** _____
(Auto, Home, Commercial, Accident & Health)

Agent's Name: _____ **Telephone No.:** (____) _____

Address: _____ City/State _____ Zip _____

Adjuster's Name: _____ **Telephone No.:** (____) _____

Address: _____ City/State _____ Zip _____

Name of **HMO** about which you are requesting assistance: _____

Address: _____ City/State: _____ Zip: _____

Member ID Number or SSN: _____ **Date/s of Service:** _____

Provider's (Doctor) Name: _____ **Telephone No.:** (____) _____

Address: _____ City/State _____ Zip _____

Provider's (Hospital) Name: _____ **Telephone No.:** (____) _____

INQUIRY/COMPLAINT

Please give as detailed information as possible including dates, explanation, and what solution you feel is correct, Attach copies of any Other correspondence related to the complaint.

(Continue on the back)

With this knowledge, I give my consent to the release of all information in my medical records including any information concerning my identity and release the OKLAHOMA INSURANCE DEPARTMENT and its duly authorized agents and employees from any liability in connection with the release of the information contained herein.

Signature: _____ Date: _____

FOR INSURANCE DEPARTMENT USE ONLY			
Complaint number _____	Claim Analyst _____	Date Entered _____	Med. Supl. (A-J) _____
Complainant type _____	Complainant letter _____	Coverage _____	1. _____ 2. _____ 3. _____
Entity number 1. _____ 2. _____ 3. _____		Reason for complaint 1. _____ 2. _____ 3. _____	
Entity type 1. _____ 2. _____ 3. _____		Dispositions 1. _____ 2. _____ 3. _____	
Entity function 1. _____ 2. _____ 3. _____		Inquirer _____	(If not same as above)
Entity letter 1. _____ 2. _____ 3. _____		Date resolved _____	Amount \$ _____

