



Before submitting your concerns to the South Carolina Department of Insurance, please review the following information:

1. **CONSIDER:**

Before submitting your concerns, please contact the insurance company and allow them the opportunity to resolve your issue. Most issues can be resolved within 30 days.

- State your concerns to the company's representative.
- Provide the information they request (e.g., write a formal letter of complaint, file any specific forms, provide supporting documentation, etc.).
- Keep detailed records of all your communications with the insurance company.
- Gather and send the required documentation to the insurance company.

If you are unable to resolve your concerns with the insurance company or are not satisfied with their response, please proceed to Step 2.

2. **Verify and Learn:**

The SC DOI Can:

- Help you with insurance concerns involving companies that issue policies in South Carolina including property and casualty, health, life, annuity, disability, long-term care, bail bonds, title insurance companies, and more. We can also assist you with issues concerning agents and agencies. Examples include coverage issues, claim disputes, premium issues, policy cancellations or non-renewals, refunds, and sales misrepresentations.
- Contact the insurance company or agent/agency and require them to provide an explanation for their actions. By statute, insurance companies/agencies have 7 days to respond to the SC DOI once a complaint has been filed. We strive to resolve the issue within 7-10 days.
- Review in detail the information obtained from the company's response to determine compliance with applicable South Carolina statutes, regulations, and policy contracts.
- Help you understand your insurance policy.
- Recommend places you can go for help if we don't have the authority to resolve your issues.

The SC DOI Cannot Help With:

Large Employer Health Plans

If your employer's headquarters are not located in the State of South Carolina, contact the *U.S. Department of Labor (USDOL)*, which regulates group employer self-funded health plans.

<https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>

Call: 1-866-444-3272

Medicare, Medicare Advantage, & Medicare Drug Prescription Plans

Medicare Parts A-D & Medicare Advantage plans are under the Federal oversight of the *Center for Medicare and Medicaid Services (CMS)*. This entity ultimately has the authority to help resolve matters concerning Medicare Parts A-D & Medicare Advantage. In general, this oversight includes credentialing/contracting issues, as well as complaints involving claims for Medicare Beneficiaries & Providers.

<https://www.cms.gov/medicare/medicare>

Call: 1-800-Medicare (1-800-633-4227)

Medicaid/Healthy Connections

Healthy Connections is South Carolina's Medicaid program. It is a medical assistance program that helps pay for some or all medical bills for many people who cannot afford medical care. The program also assists individuals who are over 65 or have a disability with the costs of nursing facility care and other medical expenses. Eligibility is usually based on the applicant's income and assets. Healthy Connections is administered by the *South Carolina Department of Health and Human Services (SCDHHS)* and pays medical bills with state and federal tax money.

<https://www.scdhhs.gov/Getting-Started>

Call: 1-888-549-0820

State Health Plan/PEBA

As a self-funded entity, the State Health Plan and the plan's fiduciary, Public Employee Benefit Authority-PEBA, are not under the regulatory authority of the SC DOI. Contact *South Carolina Public Employee Benefit Authority- PEBA*:

<https://www.peba.sc.gov/cs@peba.sc.gov>

Call: 1-803-737-6800

Federal Employee Health Benefits (FEHB) Program

The FEHB program is regulated by the Federal Government through the *U.S. Office of Personnel Management (OPM)*.

<https://www.opm.gov/>

Call: 202-606-1800

TRICARE

TRICARE is the uniformed services health care program for active-duty service members (ADSMs), active-duty family members (ADFMs), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.

<https://www.tricare.mil/ContactUs>

Call: 1-800-444-5445

Policies Purchased in Another State

If your issue does not involve an insurance policy purchased in South Carolina, please contact the appropriate state's department of insurance for assistance.

The SC DOI Also Cannot:

- Provide you with legal advice.
- Make medical judgments or determine who is at fault.
- Determine a question of fact.
- Determine the value of a claim, the amount owed to you, or act as your adjuster.
- Compel a company to pay a claim, refund a premium, reinstate, and/or issue a policy (if they have not violated any law, rule, or policy provision).

3. GATHER:

To help ensure that we receive all the necessary information to investigate your submission, please provide us with the following:

- The exact name of the insurance company.
- The full name of any agent or adjuster who may be involved.
- Your policy number, claim number, and the date of your loss, if applicable.
- A detailed description of your concerns.
- Copies of supporting documentation.

If an attorney is representing you in this matter, we will need written authorization from your attorney in order for us to intervene in this matter. You may have your attorney co-sign the form or include a signed letter of authorization that is on the attorney's letterhead with this form.

Once you have gathered the required materials and documentation, you are ready to submit your formal complaint.



South Carolina Department of Insurance

Office of Consumer Services

Street Address: 1201 Main Street, Suite 1000, Columbia SC 29201
Mailing Address: P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6180 or 1 (800) 768-3467
Fax: (803) 737-6231 | Email: consumers@doi.sc.gov

DOI use only
File# _____
Analyst _____

Consumer Complaint Form

My complaint is against (one or more): Insurance Company Agent/Broker Other

Please complete all information and enclose copies of correspondence and other papers that will help us investigate your complaint. Sign and date on back side at the bottom. **Please Note:** a copy of this form and any enclosed information will be sent to the party you are complaining about.

Section 1. Info of Person Filing Complaint (Complainant)

Mr. Ms. Name _____

Street/Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Work) _____ Email _____

Section 2. Policyholder Info

Age 1-24 25-49 50-64 65+

Policyholder's Name _____

Policy # _____ Claim # _____ Date of Loss _____

Name of the Insurance Company You are Complaining About _____

Name of Agent/Agency/Adjustor _____

If Group Health Policy: Name of Employer _____ Group # _____

Section 3. Type of Policy (check one)

- Annuity
 - Disability
 - Life
 - Warranty
 - Personal Auto/ Motorcycle
 - Individual Health
 - Long Term Care
 - Workers' Comp
 - Commercial Auto
 - Group Health
 - Medicare Supplement
 - Other
 - Dental
 - Homeowners/ Renters/ Mobile Homeowners
- Specify plan A-L: _____*

Section 4. Reason for Complaint (check one)

- Claim Delay
- Claim Denial
- Agent Handling
- Adjuster Handling
- Info Requested
- Misrepresentation
- Premium Problem
- Policy Problem
- Unsatisfactory Offer
- Non-Renewal
- Cancellation
- Other

Consumer Complaint Form (page 2 of 2)**Section 5. Details of Complaint** (attach separate sheet if needed)

What do you consider to be a fair resolution to your problem?

Section 6. Attorney Representation

Does an attorney represent you in this matter? Yes No

If yes, we will need written authorization from your attorney in order for us to intervene in this matter. You may have your attorney co-sign this form or include a signed letter of authorization that is on the attorney's letterhead with this form.

Section 7. Signature Authorization

I declare that the information I have provided is true and accurate to the best of my knowledge. This information will be forwarded to the insurance company (and/or other party that is the subject of your complaint) for the investigation of this matter. I understand that, under South Carolina's Freedom of Information Act, this complaint becomes a public record once my file is closed (medical and personal records will remain confidential). By submitting this form, I am authorizing the SC Department of Insurance to pursue an investigation into my complaint and the party(ies) complained against to release all relevant information, documents, and records to the SC Department of Insurance.

Signature of Complainant: _____ Date: _____

***Please remember to include all relevant documents pertaining to your complaint that will assist with our investigation.