

NORTH CAROLINA DEPARTMENT OF INSURANCE
HEALTH INSURANCE SMART NC • 855-408-1212

REQUEST FOR ASSISTANCE

PLEASE PRINT

An online version of this form is available at www.ncdoi.com/smart

PERSONAL INFORMATION

YOUR NAME (LAST, FIRST, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.				
ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS	HOME PHONE	WORK PHONE	MOBILE PHONE	
RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Medical Provider <input type="checkbox"/> Attorney <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Other:				

INSURANCE INFORMATION

NAME OF INSURED (LAST, FIRST, MI)		POLICY OR GROUP NO.
INSURANCE COMPANY		CLAIM OR CERTIFICATE NO.
AGENT	ADJUSTER	DATE OF LOSS / /
TYPE OF INSURANCE <input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Auto <input type="checkbox"/> Homeowners <input type="checkbox"/> Other		IF LIFE OR HEALTH POLICY, IN WHICH STATE WAS THE POLICY OR CERTIFICATE PURCHASED?
ARE YOU REPRESENTED BY AN ATTORNEY IN THIS MATTER? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, we must have your attorney's consent in writing to be able to assist you.)		
ARE YOU COVERED UNDER THE N.C. STATE HEALTH PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU COVERED UNDER A SELF-FUNDED EMPLOYER PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU REQUESTING ASSISTANCE WITH FILING A MEDICAL APPEAL FOR DENIED MEDICAL SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF COMPLAINT (PLEASE ATTACH COPIES OF DOCUMENTS RELATING TO THIS MATTER)

The North Carolina Department of Insurance is authorized to send a copy of this document(s) to any company or agency involved. I authorize the release of all relevant information to the North Carolina Department of Insurance for its use in the review of this matter. I understand that consumer complaints become public record in accordance with applicable laws.

SIGNATURE

DATE

