

Other Sources for Answers to Insurance-Related Questions

Workers' Compensation Claims

Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909
(888) 396-5041

Complaints against a Residential Builder or Building Contractor:

Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Enforcement Division
P.O. Box 30018
Lansing MI 48909
(517) 241-9202

Complaints against Automobile Repair Facilities or Vehicle Dealer:

Regulatory Monitoring Division, Bureau of Information Security (BIS), Michigan Department of State
1-888-SOS-MICH (1-888-767-6424)

Complaints concerning warranties:

Attorney General
Consumer Protection Division
P.O. Box 30213
Lansing, MI 48909-7713
1-877-765-8388



Michigan Department of Insurance
and Financial Services
Visit DIFS online at: www.michigan.gov/difs
Phone DIFS toll-free at: 877-999-6442

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are
available upon request to individuals with disabilities.



Department of Insurance and Financial Services
Office of Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720

GUIDE TO RESOLVING INSURANCE PROBLEMS



State of Michigan
Rick Snyder, Governor

When You Have a Dispute with an Insurer or Agent

Use the attached form to file a complaint with the Department of Insurance and Financial Services (DIFS) if you are in a dispute with an insurance company and/or agent. It outlines the DIFS complaint process, offers ways to resolve your dispute, and explains how DIFS can help.

If your complaint involves a complaint regarding your *health coverage*, please refer to the health insurance complaint form and brochure.

First Contact the Company or Agent

If you disagree with an insurance company or insurance agent in Michigan always first contact the company and/or agent directly.

- Speak with a management representative to try to find a solution.
- Explain the problem in a calm, courteous manner.
- Provide dates, amounts, and as many related facts as you can.

If you still do not agree with the company position, ask them to provide a written response. Ask them to list the specific rules or language in the policy that allow them to deny or exclude coverage.

If you feel that your insurance agent misrepresented what your policy covers, made false statements to persuade your decision about coverage, or used other fraudulent methods, try to resolve the dispute by speaking directly with the agent.

If you still do not agree with the agent's position, ask for a written response. Ask the agent to include policy language, copies of documents you signed when you applied for insurance, or other reasons or facts, which might support the agent's actions.

How DIFS Can Help

If you are still dissatisfied after contacting the company or the agent, you may wish to contact DIFS Consumer Services to ask questions or to file a written complaint.

When you file a complaint, Consumer Services acts as a link between you and the company or agent. We try to resolve the complaint and see that your questions are answered. Your complaint is based on the documents you submit. Be sure to include all pertinent information. Include:

- Name of the insurer and/or agent involved in the dispute.
- Policy and claim numbers.
- Details of any previous contact regarding the matter.
- Copies of documents that help verify or explain the problem.

Always send copies. Please do not send original documents.

When we receive your complaint, we open a file and send you a letter detailing the complaint process. This letter will include a file number that should be referenced on any future correspondence or call to our office relating to this matter.

We contact the parties named in the complaint and send them an exact copy of your complaint letter. We ask them to review the matter and provide us with a written response. We then review the response to determine if it:

- Complies with the policy language.
- Complies with Michigan Insurance Laws and other rules or directives of the Director.
- Addresses the issues in your complaint, and is reasonable in light of approved and accepted business practices.

When our review is complete, we provide you with a response detailing our findings, explaining the reason for the outcome pursuant to the policy language and pertinent laws.

If you have questions, disagree with our findings, or have additional information that was not included with your original complaint, and feel it might alter the decision, you may contact us or submit the information to us for further review.

Please understand that we strive to resolve all complaints. We may not be able to provide the exact results you desire, as we can only resolve disputes based on the information provided and our authority under Michigan law. However, we hope that through our complaint process you are able to gain an understanding of the situation and the policy language and laws that apply.

While we strive to give prompt, quality service a resolution may not occur immediately. We may need to contact you and the insurer or agent multiple times, depending on the case.

Thank you for your patience during the complaint process.

What DIFS Cannot Do

Our authority is limited to the companies and agents DIFS licenses. We cannot help resolve disputes with entities we do not license. Helpful contact information is included at the end of this brochure.

Because DIFS regulates the business of insurance transacted in Michigan, our authority pertains to contracts issued in Michigan. If your policy was issued in another state, please contact that state's insurance department.

DIFS has no authority over third party liability claims. We are unable to force insurers to pay these types of claims. We also cannot decide questions of fact, but we may be able to refer you to the appropriate authority to seek further help.

PROVIDER COMPLAINTS

DIFS generally only accepts complaints from parties involved in the contract, such as the insured, policyholder or certificate holder. Because a health care provider is usually not a party to the health care contract, **we generally do not accept complaints from providers.**

However, DIFS will pursue appropriate complaints from participating providers of Blue Cross Blue Shield of Michigan, HMOs, Alternative Finance and Delivery Systems and Delta Dental Plan of Michigan when the

complaints involve these entities and there are participation agreements.

DIFS will also pursue complaints from providers acting as the authorized representative of a patient covered by a Michigan licensed health carrier or No-Fault Automobile insurer; however, written authorization from the patient or their legal representative must be included with the complaint.

Providers occasionally have problems with receiving timely payment for submitted claims without any errors or other issues, often referred to as "clean claims." [Public Act 316 of 2002](#) was enacted to afford provisions in handling untimely clean claim payments.

A health professional, health facility, home health care provider, durable medical equipment provider, or health plan alleging that a timely processing or payment procedure has been violated may file a complaint with DIFS on [Form FIS 0284](#) and has a right to a determination of the matter by the Commissioner or his or her designee. Information regarding this process and the form are available on the DIFS website at www.michigan.gov/difs.





Insurance Complaint Form

| | | | | |
|---------------------------------|-------|-----------------------------------|---|--|
| My Name | | | Name of Insurance Company | |
| Address | | | Name of AGENT or AGENCY (if applicable) | |
| City | State | Zip Code | Name of INSURED person | |
| My Email Address | | | Date of service or date of loss | |
| Daytime phone number () () | | Alternate phone number () () | Policy or claim number | |

May not apply to every complaint. Leave blank if this does not apply.

Who is covered by the policy?

Could be the date of a fire, accident, or other loss, or the date you received medical treatment.

***If this is a Health Insurance Complaint, use Health Insurance Complaint Form FIS 2257**

Type of coverage my complaint is about:

| | |
|---|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Life |
| <input type="checkbox"/> Home or property | <input type="checkbox"/> Annuity |
| <input type="checkbox"/> Liability | <input type="checkbox"/> Long-term care |
| <input type="checkbox"/> Title | <input type="checkbox"/> Disability Income |
| <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other _____ |

► Is this an employer or group plan?

Yes No

If Yes, enter employer name, group name or group number: _____

Have you hired an attorney to represent you in this matter? Yes No Have you filed a lawsuit in this matter? Yes No

Please list events in the order they happened. Attach additional pages if needed. If possible please use letter size paper (8 1/2 x 11") for all attachments.

Details of my complaint:

Documentation relating to your complaint is important. This information helps us to understand details of your complaint.

Please attach copies of letters or other documents that will help us review your complaint. This includes your proof of insurance, bills, receipts, a policy declaration sheet, claim documents, pictures or other items that relate to your complaint.

Always send copies. Never send original documents.

Desired outcome:

Please mail your complaint to:
DIFS – Office of Consumer Services
 P.O. Box 30220
 Lansing, MI 48909-7720
 Or fax to: 517-284-8837
 Or Email to: difs-ins-info@michigan.gov

I authorize the Department of Insurance and Financial Services (DIFS) to review and release any information to any company, agency or licensee involved in this matter. I authorize the insurance company to release all records (including protected health information) relating to this complaint to DIFS in order to resolve this complaint. I represent that I have the proper authority to execute this release.

Signature

Date signed



Michigan Department of Insurance and Financial Services

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