



TEXAS DEPARTMENT OF INSURANCE

Compliance Division - Consumer Protection (111-1A)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149091, Austin, Texas 78714-9091
(800) 252-3439 | F: (512) 490-1007 | TDI.texas.gov | @TexasTDI

DATE _____

Complaint Form

ATTENTION: The Texas Department of Insurance can't forward Part II of this form or any attachments provided until you complete and return the authorization on pages 3-4.

Part I:

Contact Information

NAME _____ PROVIDER (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREFERRED PHONE _____ WORK PHONE _____

Policyholder Information (if different than above)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

My Complaint is Against

INSURANCE COMPANY NAME _____ INSURANCE AGENT/AGENCY NAME _____

INSURANCE ADJUSTER NAME _____ OTHER NAME _____

Policy Information

INSURANCE POLICY NUMBER _____ CLAIM NUMBER _____ DATE OF LOSS _____

TYPE OF POLICY

- | | | | | | | |
|----------|---------|-------------------|-----------|-----------------------|------------|---------------------|
| Accident | Annuity | Automobile | Bond | Commercial | Disability | Flood |
| Federal | Health | HMO | Homeowner | Liability | Life | Medicare supplement |
| PPO | Title | Warranty contract | Windstorm | Workers' compensation | | |
- Other: _____

My Complaint Concerns

- My claim was denied
 My rates are too high
 Customer service
 My doctor is out of network
 My insurance company owes me a refund
 My claim was underpaid
 Delayed claim payment
 My agent stole my premium
 Improper claim/policy notice
 Agent misrepresented/failed to explain policy terms

Part II:

EMAIL CONFIRM EMAIL

TDI may release my email address in response to a public information request? Yes No

My complaint is:

What do you consider a fair resolution to your problem?

If you need more space, please attach additional pages.

SIGNATURE DATE

Note: A copy of this complaint will be sent to the insurance companies or agents involved.

Have you submitted this complaint to TDI previously? Yes No Complaint ID # _____

Submitting Your Complaint

Please submit complaints:

- **Online:** Use the Online Complaint Portal at www.tdi.texas.gov/consumer/complfrm.html.
- **By mail:** MC 111-1A, Consumer Protection, Texas Department of Insurance, P.O. Box 149091, Austin, Texas 78714-9091
- **In person or by delivery service:** Texas Department of Insurance, Consumer Protection (111-1A), 333 Guadalupe St., Austin, Texas 78701
- **By fax:** (512) 490-1007
- **By email:** ConsumerProtection@tdi.texas.gov

Note: We can only accept hard copies, CDs, USB flash drives, and email attachments with documents, photos, and videos in PDF or JPEG format. We can't accept links to online documents and pictures.

Authorization to Disclose Protected Health Information or Other Confidential Information

In order to fully resolve a complaint filed with TDI, TDI may need to disclose your protected health information or other confidential information provided with the complaint. Please read this entire form before signing and complete all the sections that apply to you.

Covered entities, as that term is defined by Texas Health & Safety Code § 181.001, and including TDI, must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law.

NAME OF PATIENT OR INDIVIDUAL

OTHER NAMES USED

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

PHONE

ALTERNATE PHONE

EMAIL ADDRESS (OPTIONAL)

I authorize the following to disclose the individual's protected health information or other confidential information:

Texas Department of Insurance
333 Guadalupe
Austin, TX 78701

Who can receive and use the health information or other confidential information?

PERSON/ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

By signing this form, I also authorize TDI to share the complaint and any attached documents, which may contain my health information or other confidential information, with other state, federal, and international regulatory agencies and law enforcement authorities.

Reason for disclosure: Complaint filed with the Texas Department of Insurance.

What information can TDI disclose? Complete the following by indicating those items that you want TDI to disclose. A minor patient must sign for the release of some of these items.

All health information

Email address

All other information

Your signature is required to release the following information:

_____ Mental health records (excluding psychotherapy notes)
_____ Genetic information (including genetic test results)
_____ Drug, alcohol, or substance abuse records
_____ HIV/AIDS test results/treatment
_____ Motor vehicle records

Effective time period (optional). This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following specific date:

MONTH

DAY

YEAR

Right to revoke: I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization or agency named under "Who can receive and use the health information or other confidential information." I understand that withdrawing my permission will not affect prior actions taken in reliance on this authorization by entities that had permission to access my health information or other confidential information.

Signature authorization: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information or other confidential information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health & Safety Code §181.154(c). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

SIGNATURE OF INDIVIDUAL OR INDIVIDUAL'S LEGALLY AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME OF LEGALLY AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

If representative, specify relationship to the individual:

Parent of minor

Guardian

Other _____

A minor individual must sign to authorize the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse, and mental health treatment (See, for example, Texas Family Code § 32.003).

SIGNATURE OF MINOR INDIVIDUAL

DATE

Access and Correction of Personal Information

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please email TDI's Legal Services Division at AgencyCounsel@tdi.texas.gov or review TDI's Corrections Procedures (www.tdi.texas.gov/commish/legal/lccorprc.html).