TDI | Texas Department of Insurance

PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Date

Complaint Form

► Submitting your complaint

Please fill out all portions of the complaint and authorization forms and sign the form at the end. Mail the complaint and authorization forms to us at:

Consumer Protection, MC 111-1A
Texas Department of Insurance
PO Box 149091
Austin, Texas 78714-9091

Note: You can also submit your complaint online at www.tdi.texas.gov/consumer/complfrm.html.

► Contact information

Name | Provider (if applicable)

Address | Apartment or suite number

City | State | ZIP

Preferred phone | Work phone

► Policyholder information (if different than above)

Name

Address

City | State | ZIP

► 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)

► 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

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.

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 #

Approval to share your health information and other private facts

Authorization to disclose information

To help you, we might need to share information you gave us in your complaint with the person or organization that your complaint is about. Some of the information we need to share might be: (1) about your health, and (2) facts that ID you, for example, your address and birth date. By law, we need your approval to share this information.

► Who has the complaint?

Name of person who has the complaint

Other names used by the person who has the complaint

Date of birth

Address

City | State | ZIP

Phone | Other phone number | Email address (optional)

► Who can get and use your information?

By signing this form, you allow the Texas Department of Insurance to share your information with: (1) state and federal government agencies, (2) international regulatory agencies, (3) law enforcement, and (4) the person or organization that the complaint is about:

Name of person or organization that the complaint is about

Address

City | State | ZIP

Phone | Fax

► What can be shared?

By signing this form, you allow TDI to share the complaint, your health information, and other private facts.

To allow us to share the following information, you must sign or type your name next to each item:

_____ 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

► When will this approval end?

This approval will end if:

- The person with complaint turns 18 years old (the complaint was filed for a person 17 or younger.
- The person who has the complaint tells us they no longer want to file a complaint.
- The person who has the complaint dies. or
- You enter an end date for this agreement here (optional): _____
  Month (MM) / Day (DD) / Year (YYYY)

► What are your rights?

You have the right to see and get facts we have about you. If you want to get information we have about you, you must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:

Email: OpenRecords@tdi.texas.gov
Fax: 512-490-1021
In person: 333 Guadalupe, Austin, Texas 78701

Mail: Public Information Coordinator, MC 110-1C
Texas Department of Insurance
PO Box 149104, Austin, Texas 78714-9104

You have the right to ask that we fix information we have about you that is wrong. If you want to ask that we fix information we have about you that is wrong, you must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:

Email: RecordCorrections@tdi.texas.gov
Fax: 512-490-1025
In person: 333 Guadalupe, Austin, Texas 78701

Mail: Record Correction Request, MC 113-1C
Texas Department of Insurance
PO Box 149104, Austin, Texas 78714-9104

You have the right to cancel or change this approval. If you want to cancel this approval or change who can get your health information and other private facts, you must ask us in writing. You can send a letter to the address at the top of this form. Any actions taken and information shared before we get your letter are covered by this signed agreement.

► Sign below to show you:

- agree to allow TDI to share my health information and other private facts as listed on this form;
- know TDI might share my information with organizations that are covered in Texas Health and Safety Code section 181.154(c); and
- know TDI is not responsible for health information or private facts shared by the people or other organizations listed on this form.

_____
Person who has the complaint or their authorized representative Date

(Please type your name in the signature block if you're filling out electronically.)

If an authorized representative signs this form:

1. Print their name:_____
2. How are they related to the person with the complaint? ☐ Parent ☐ Guardian ☐ Other:_____

If the complaint is on behalf of a person who is age 17 or younger, that person must sign here to allow us to share facts about: (1) birth control / reproductive care; (2) sexually transmitted diseases; (3) drug, alcohol, or substance abuse; and (4) mental health treatment.

_____
Person who is age 17 or younger Date