

We know insurance companies do not always process claims within the legal guidelines. When that happens we will be happy to file a complaint to your insurance company and if necessary to the insurance commissioner to get your benefits released.

Please understand this will not be submitted with every claim, but only with the claims which remain unpaid outside the legal guidelines. In order to do so, we will need you to complete the attached form so that we may have this on file should we find it necessary to file a complaint on your behalf.

According to our Financial Policy, any unpaid claims by your insurance carrier within 60 days from the date of service could become your responsibility. Therefore, Carroll Children's Center will continue to strive to get payment from your insurance carrier.

---

I authorize Carroll Children's Center to act on my behalf to file a complaint letter to my insurance carrier and/or the insurance commissioner for any claims which have not been paid within the legal guidelines. I also authorize Carroll Children's Center to file appeals on my behalf to my insurance carrier for any unpaid claims in order to receive payment.

Patient's Name: \_\_\_\_\_

Patient's Dob: \_\_\_\_\_

---

Parent/Legal Guardian Signature

---

Date

Insurance Company

To Whom It May Concern:

My provider filed the attached claim form with the insurance company. It has not been paid or denied. It is my understanding that there are state prompt payment laws and/or guidelines that monitor commercial insurance carriers and these laws and/or guidelines are regulated by the State Insurance Department. Carroll Children's Center staff has advised me that they have attempted to resolve the claim. At this time, reimbursement is still outstanding with little regard to my legitimate rights to have my claim processed with the legal guidelines.

Benefits were assigned to Carroll Children's Center, as of today's date, payment has not been received, and as a result, I am responsible for payment of this bill.

Please accept this letter as a formal written complaint against the insurance company.

Sincerely,

Patient's Name: \_\_\_\_\_

Patient's Dob: \_\_\_\_\_

Signature: \_\_\_\_\_

CC: Insurance company