



State of Your Health:

How the Oklahoma Insurance Department Can Help You

Are you having trouble with your health coverage? The Department of Insurance protects consumers by oversight of the insurance industry. For example, extreme delays in response to a prior authorization request or surprise billing from your insurer.

Why is it important to contact the Department? The Department learns about insurance problems because of consumer complaints. If you have any questions about actions by your insurance company, the Department can be a resource for you!

MEET THE INSURANCE COMMISSIONER

Glen Mulready was elected Oklahoma Insurance Commissioner on November 6, 2018. Mulready is a former Republican member of the Oklahoma House of Representatives, representing District 68 from 2010 to 2018.

WHY SHOULD YOU CONTACT THE INSURANCE DEPARTMENT?

- ▼ You've already talked with your insurance company and aren't satisfied with the results.
 - Remember when you talk with your insurance company, document your phone calls by noting the name of the person you speak to, the date of the call and a brief summary of the conversation.
- ▼ The Insurance Department wants to hear from you, the consumer. They can be extremely helpful if you are having trouble filing an appeal with your insurance company or experiencing a prior authorization that is taking too long.
 - You can file a complaint online <https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=OK&dswid=-2762>
 - You can also contact the Department:
 - By fax to (405) 521-6652
 - By mail to Oklahoma Insurance Department, Five Corporate Plaza, 3625 NW 56th, Ste. 100, Oklahoma City, OK 73112
 - Keep your originals and send only copies of information. For a printed copy of the Department's complaint form, contact (800) 522-0071.
- ▼ By receiving consumer complaints, the Department will investigate and make sure that insurance companies are obeying state insurance laws*. If they don't receive written consumer complaints, they are not able to act.

WHAT HAPPENS WHEN YOUR COMPLAINT IS RECEIVED?

- ▼ When your complaint is received, your file will be assigned to the appropriate Consumer Assistance/Claims Analyst, who will send you an acknowledgement letter.
- ▼ The complaint is then sent to the insurance company. Oklahoma law allows 30 days for an insurer to respond to a complaint.
- ▼ Once a final response is received and reviewed, your Consumer Assistance/Claims Analyst will forward a letter of explanation.
- ▼ For more information on the complaint process, visit: https://www.ok.gov/oid/Consumers/Consumer_Assistance/File_a_Complaint.html.

HOW TO REQUEST MORE INFORMATION

- ▼ Call the Oklahoma Insurance Department Customer Assistance Hotline at (405) 521-2991 or visit https://www.ok.gov/oid/Consumers/Consumer_Assistance/index.html

HOW TO ENSURE YOUR VOICE IS BEING HEARD

- ▼ Get involved with the Arthritis Foundation's Advocacy Program. For more information, visit: arthritis.org/advocate or email advocacy@arthritis.org.

*Please note: The Department does not have jurisdiction over self-insured employers and health & welfare benefit plans, Medicare or Medicaid. If you are unsure of the type of plan that you have, please refer to your member handbook on how to file an appeal.