

How To File An Insurance Complaint With The State Of Ohio



Consumers 1-800-686-1526 • OSHIIP 1-800-686-1578 • Fraud & Enforcement 1-800-686-1527

The Ohio Department of Insurance Complaint Process

Ohio law gives insurance consumers the right to file a complaint against insurance companies, health maintenance organizations (HMOs), insurance agents and adjusters.

The Ohio Department of Insurance, one of the largest consumer protection agencies in the state, regulates automobile, homeowner's, renter's, certain health, life, annuities, nursing home, credit life, credit disability and pet insurance.

Annually, the Department saves consumers millions by reviewing different types of insurance complaints received from Ohioans related to cancellations, refunds, sales practices, misrepresentation, claim and benefit disputes, and more.

First, try to solve the dispute yourself:

If you have a complaint, call your company first. Many complaints can be resolved by calling the company and talking to them about your issue. Most insurance companies have toll-free telephone numbers for customer assistance. ****Please note that if you are in dispute with your health plan over appropriate care your health plan has an internal process to hear your appeal that you MUST go through prior to contacting the Department.***

- Speak to your agent first. If you are unable to resolve your complaint, ask to speak to a supervisor.
- Have your policy number ready.
- Ask for a written response to your complaint.
- Follow up in writing. Describe your complaint and how you want the company to resolve it.

If you're still not satisfied, call the Department's Consumer Services Division:

If you are still unable to resolve your complaint, you may contact the Consumer Services Division at the Ohio Department of Insurance (ODI). Call toll-free: 1-800-686-1526.

- The analyst will answer questions over the phone and explain any additional steps you should take to resolve the problem.
- The Department will decide if the company handled your issue appropriately and within the terms of the policy or certificate of coverage.
- The Department will decide if the company, agent, or adjuster broke state insurance laws or administrative rules and take enforcement action when laws or rules are broken.

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Ways to file a complaint:

You may file a complaint online or request a complaint form and instructions for filing a written complaint be mailed to you.

- File an online complaint by visiting the Department's Complaint Center at www.insurance.ohio.gov. Choose the option that best fits your situation and follow the online prompts.
- Request a complaint form and instructions for filing a written consumer complaint by contacting Consumer Services at 1-800-686-1526.
- Mail written complaints to: The Ohio Department of Insurance, Consumer Services Division, 50 West Town Street, Third Floor/Suite 300, Columbus, OH, 43215.

Click here
to file a consumer complaint.

Information we'll need:

- The name and address of the company or agent.
- Your policy number, the name of your group, etc.
- A description of what happened, who was involved.
- If the complaint involves a dependent under family coverage, identify the person named on the policy.
- If your complaint is against some other person's insurance company (such as another driver's) include that person's name and policy number plus your claim number.
- Letters you have written to the company or agent about the problem, and letters they have written to you.
- Your policy or the part of your benefits handbook about the disputed coverage - please mark the section you feel supports your complaint.
- Letters written by other persons (such as your doctor or lawyer) about the complaint.
- Sales literature or copies of worksheets if these are relevant.
- The claim you filed with the company if a claim is involved.
- Letters written by other persons (such as your doctor or lawyer) about the complaint.
- Your health card if a health claim is involved.
- Detail regarding the solution you are seeking (e.g., pay a claim, issue a refund, etc.).

***Do not send originals. Do not send us your medical bill, unless there is a specific problem with the bill itself.**

How soon will I hear from Consumer Services?

- You should receive a letter within two weeks confirming that we have received your complaint.
- Our letter will give your analyst's name, explain what action we are taking, and tell you how long it may take to conclude the process.

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How long will the investigation take?

- An investigation usually takes approximately 30 days but can take much longer if your complaint involves a unique or complex problem.

What will the investigation involve?

- The Department will send the company a copy of your complaint and ask for an explanation of its position.
- Your analyst will review the company's response to make sure it has correctly addressed your problem— this may result in more letters or phone calls between the analyst and the company.
- Your analyst will send you a letter that explains the results of the investigation.

What happens if the company refuses to correct my problem?

- If there is no evidence of violations, the analyst's letter will say so and explain why we are closing the investigation.
- If the analyst is not satisfied with the company's response, we will continue to work on the case.
- If it is determined that the company or agent violated insurance laws, your complaint will be referred to the Department's Market Conduct Division or Enforcement Division for further action.

Should I call to check on the investigation's progress?

- You should not need to call because we will strive to keep you informed.
- If you need to call, you will have your analyst's direct phone number, fax number, & email address.
- If you have additional information, put it in writing, include your file number, & send it to your analyst in a letter or email.

Please note: The Ohio Department of Insurance cannot:

- Act as your lawyer, give you legal advice, or resolve disputes that are in litigation.
- Recommend or rate insurance companies or HMOs.
- Resolve a dispute when the only evidence is your word against the word of the company or agent.
- Force a company to satisfy you if no laws have been broken — even if you believe the company or agent has not been fair.
- Make medical judgments or require a company to pay for services the company has determined were not "medically necessary" — for all health claims, you must follow your plan's appeal process.
- Handle every problem with a health plan that is self-funded by an employer, unless an insurance company, an HMO, or an independent administrator is involved.



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