

Sample Patient Complaint to California Department of Insurance

TODAY'S DATE

Stuart Crisman, CPCU, CLU, ChFC, Bureau Chief
Department of Insurance
Health Claims Bureau
300 S. Spring St. 10th Floor, South Tower
Los Angeles, CA 90013
Phone (213) 346-6572
stuart.crisman@insurance.ca.gov

Dear Mr. Crisman:

I am writing to submit a complaint concerning my insurance claims with [Name of Insurance Company]. On [Date], I sought treatment for [Health Condition] from [Name of Treatment Center]. However, my insurance company has denied me access to treatment. Specifically, [Name of Insurance Company] has refused to cover my treatment for medically necessary treatment of my substance use disorder. This is a violation of my rights. [Describe how this has affected you.] Please accept this letter as a formal written complaint against [Name of Insurance Company].

Sincerely,

[Patient Name]

[Patient Address, Email, Phone Number]