

Review Complaint

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Complaint ID	Status	Complainant	Type of Insurance	Complaint Created Date	Name of Insured
61220	Open	Example, Example	Health Insurance	12-19-2019	Example, Example

Complainant Information

Name

First Example
Last Example
Submitting on behalf of Organization/Entity? No

Address

Address 123 Example
City City Example
State Minnesota
Zip Code 55101
E-mail Address example@parityportal.org
Telephone (Home) 123-456-7890
Telephone (Work)
Ext.
Telephone (Cell)
Designate Primary Contact Phone Number Home

Insured Information

Are you the insured? Yes

Name

First Example
Last Example
Organization Name

Address

Address 123 Example
City City Example
State Minnesota
Zip Code 55101
Telephone 123-456-7890
Ext.
E-mail Address example@parityportal.org

Complaint Against

I am complaining against
My Insurance Company Yes
Agent No
Agency No
Other Party's Insurance Company No
Other No

Insurance Company Information

Insurance Company Name

Insurance Information

Policy

Type of Policy Group
Policy Number Example
Type of Insurance Health Insurance

Claim

Claim Number 123
Date of Loss 12-01-2019

Complaint Details

Type of Problem Other
Other Problem Type Description parity

Detail of Complaint

story

Documentation and Declaration

Documentation

Do you have supporting documents? If so, how will you send them to us? Upload Fax Mail None

Declaration/Authorization/Release

Declaration/Authorization

I hereby declare that I am authorized to make this complaint. I further declare that all of the information submitted in this complaint and attachments is true and accurate to the best of my knowledge. I authorize release of any submitted information, including medical records, if applicable, to the party complained against, other regulated entities, or an appropriate state or federal agency, where such release will aid the Department's investigative process, or assist other state or federal agencies to investigate the facts contained in this complaint. I authorize this release, notwithstanding any statutory provisions to the contrary.

Your complaint has been successfully submitted.

[Comments](#)

[Related Documents](#)

Add Document

Instructions

Use the file browsing option below to select the document you wish to upload

You have the ability to upload multiple documents, up to 25 MB size limit for the entire complaint

Accepted file types include: .jpeg, .jpg, .pdf, .png, .tif, .tiff and Microsoft Word, Excel, Powerpoint

File*

Choose File

No file chosen

Description*

Clear

Attach

Current Related Documents

Document Name

Description

Received Date

Action

0.00 MB of maximum allowed 50 MB is currently used by existing documents, 50.00 MB remaining.

No document uploads exist.