

CONFIDENTIAL

HEALTH MAINTENANCE ORGANIZATION SUPPLEMENT
For Year Ending December 31, 2010
Due March 1, 2011

Name of Organization: _____

Address: _____
(City, State and Zip Code)

Made to the South Carolina Department of Insurance
pursuant to S.C. Code Ann. Section 38-33-110 (2002).

SUMMARY OF COMPLAINTS

(1) Status Of Complainants

Enrollees # _____

Third party # _____

Other (Explain) _____

(2) Complaints Against

HMO # _____

Doctor # _____

Hospital # _____

Other providers # _____

(3) Reason for Complaints

Unsatisfied settlement # _____

Denial of claim # _____

Settlement delay # _____

Coverage cancellation # _____

Premium and/or rating # _____

Misrepresentation # _____

Underwriting delays # _____

Inappropriate treatment # _____

Referral problems # _____

Other - Give # _____
and explain below:

(4) Disposition of Complaint-Relief

Additional monies received # _____

Claim reopened # _____

Claim settled # _____

Coverage restored # _____

Rate/Premium resolved # _____

Further treatment # _____

Disposition of Complaint-No Relief

Dispute as to need for
treatment # _____

Contract provisions # _____

Coverage not in force # _____
Other - Give # _____
and explain below:

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(5) Time Taken to Resolve Complaints

Average time in days _____

(6) Malpractice Claims

Enrollees # _____

Doctor involved # _____

Hospital involved # _____

Clinic involved # _____

Medical technicians # _____

Amount of claims \$ _____

Disposition of Claims:

Paid in-full # _____

Court settlement # _____

Compromise settlement # _____

Denied # _____

Other - Give # _____
and Explain Below:

Name and Title of Person Completing Form

Telephone Number

**Please send to and direct questions to:
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Actuarial, Market and Alternative Risk Transfer Services
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