

The following is from an actual letter sent to an insurance carrier, via fax and NOT to the claims department. This resulted in a response from the carrier, entirely favorable to the provider (as almost ALWAYS happens) within 96 hours of the carrier receiving it.

It's just one more example of why ERISA works as carriers are aware that less than 3% of people working in physician offices OR their attorneys know diddly squat about it – which is why Don Self's webinars, seminars and books on ERISA sell so well.

Insurer: ANTHEM BC/BS-POO/ATTORNEY
120 MONUMENT CIRCLE
INDIANAPOLIS IN. 46204

Re:
ID#
DOS: 8-7-13

**COMPLAINT PURSUANT TO OHIO INSURANCE CODE 3901.38.10
FEDERAL VIOLATION OF ERISA**

ATTENTION: ERIN HOEFINGER P.O.O. AND OR CHIEF ATTORNEY

BE ADVISED:

The above-referenced claim is delinquent pursuant to the Uniform Unfair Claims Settlement Practices Act. In addition, you have on occasion failed to adopt and implement any reasonable standard for the prompt investigation of our claims arising under your policy's provisions. Such conduct could be a violation of said Act.

Failure to REMIT repayment in full to our office, not later than five (5) days from the date of this correspondence, will result in our request to the Commissioner of the State Board of Insurance for further investigation of this claim.

We believe this recoupment of payments violated this members federal protected rights and are recommending the member and their employer file a federal grievance against you company for violating CFR 2560-503-1

Recent ERISA Federal court cases (PCA v BCBSA dated 3-28-14) have fined insurance companies for violation of overpayment recoupment procedures.

For more info: WWW.DONSELF.COM