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PRESS RELEASE

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For Immediate Release
February 20, 2008

Arizona Department of Insurance Helps Insurance Consumers Recover Over \$7 Million In 2007

Phoenix — The Arizona Department of Insurance (ADOI) responded to 5,020 complaints in 2007 and assisted thousands of Arizona consumers in settling insurance company disputes and helping them recover \$7,483,107.56 in claim settlements and refunds. These figures are markedly up from 2006 when ADOI received 4,393 complaints and inquiries and assisted in recovering \$3,607,496.84 for Arizona consumers.

The majority of ADOI complaints involve a delay or denial in paying automobile, health or homeowners' insurance claims. While ADOI cannot adjudicate claims, it can provide information and assistance on claim issues that frequently lead to a resolution in favor of the consumer.

"Often times, we are able to help clarify or expedite a snag in the claims process," said Mary Butterfield, Assistant Director of ADOI's Consumer Affairs Division. "Consumers are free to call or write to us about any type of insurance related matter, not just claims and refunds. For instance, anyone shopping for a particular type of insurance should check out the comparison-shopping tools on our website."

The Consumer Affairs Division provides insurance-related assistance and guidance to consumers throughout the state and offers a wide variety of consumer publications online (www.id.state.az.us), or by calling (602) 364-2499, or (1-800) 325-2548 (outside Phoenix).

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Tips to Make the Insurance Claims Process Easier

Before you have a claim:

Know your policy. Take time to read your policy and ask questions of your insurance representative.

Inventory your personal property. Make an inventory of your personal belongings today!

Get an insurance check-up. Are you comfortable with the type and amount of coverage you have?

Know your healthcare appeal rights. Arizona law affords broad rights to appeal denied health insurance claims or services and nearly 50% of those initial denials are overturned.

Keep in touch. Keep your insurer or agent apprised of significant events that can affect your insurance, such as change of address, new car, home improvements, or advising your health insurer if you're admitted to the hospital.

During the claim process:

File your claim as soon as you can.

Provide complete, correct, prompt information.

Take notes and keep all correspondence. Whether from your insurer or agent, keep copies of all notices, statements, and correspondence; take notes on all telephone conversations or in-person meetings, including dates, names, titles and a summary of conversation details, especially on health insurance issues.

Keep records of your time and expenses.

Mitigate damages. Make temporary or emergency repairs (*keep all receipts!*); an insurance company may deny a claim if you make permanent repairs *before* they have the opportunity to inspect the damage. Keep damaged personal property for adjuster inspection, and, if possible, take photographs or video of the damage before making temporary repairs.

If possible, obtain independent repair estimates *before* you meet with the claims adjuster.

Ask questions about your claim. If there is a disagreement about the claim settlement, ask the company for the specific policy language in question and insist on a written explanation of the reason for any claim denials and the specific policy terms the company is relying upon in denying the claim.

Don't rush into a settlement. If the insurance company's first settlement offer does not meet your expectations, negotiate and ask for itemized explanations. Research the value of a comparable vehicle or the replacement cost of your belongings and use this information to support your counter offer.