

NAIC Model L p2.0son9 -0( a ).2 :



- E. With each claim payment, the insurer shall provide to the insured an Explanation of Benefits that shall include the name of the provider or services covered, dates of service, and a reasonable explanation of the computation of benefits.
- F. An insurer may not impose a penalty upon any insured for noncompliance with insurer requirements for precertification unless such penalty is specifically and clearly set forth in the policy.
- G. If a claim remains unresolved for thirty (30) days from the date proof of loss is received, the insurer shall provide the insured or, when applicable, the insured's beneficiary, with a reasonable written explanation for the delay. In credit, mortgage and assigned accident/health claims, the notice shall be provided to the debtor/insured or medical provider in addition to the insured. If the investigation remains incomplete, the insurer shall, forty-five (45) days from the date of initial notification and every forty-five (45) days thereafter, send to the claimant a letter setting forth the reasons additional time is needed for investigation.
- H. The insurer shall acknowledge and respond within fifteen (15) days to any written communications relating to a pending claim.
- I. When a claim is denied, written notice of denial shall be provided to the insured or, when applicable, the insured's beneficiary, within fifteen (15) days of the date of denial. The notice shall include the reasons for denial and the amount of benefits payable, if any.

