



Internal Review, Arbitration & Independent Review of Health Insurance Claims Reports

STATISTICS

Grievances:

Total Number Filed: _____

Petitions for Arbitration:

Total Number Filed: _____

Total Number of Decisions Upheld: _____

Total Number of Decisions Reversed: _____

IHCAP:

Total Number of IHCAP Filed: _____

Total Number of Decisions Upheld: _____

Total Number Decisions Reversed: _____

Name of Company: _____ NAIC No. _____

Address: _____

Completed By: _____ Title: _____

E-Mail Address: _____ Phone No. _____ Fax No. _____

Date: _____

Email the completed form to arbitration@delaware.gov by March 1 annually.