

# NAVIGATING INSURANCE GUIDE





*We are dedicated to supporting you through your FH journey*

The FH Foundation® is with you and your family each step of the way. Join us to learn more, connect with others, and contribute to FH research.



### **Resources**

Learn about FH diagnosis and treatment for yourself and your family.  
[www.theFHfoundation.org](http://www.theFHfoundation.org)



### **Connect With Others**

Learn and share with others who are living with FH.  
[community.theFHfoundation.org](http://community.theFHfoundation.org)



### **CASCADE FH™ Registry**

Share information to make a difference for future generations.  
[www.theFHfoundation.org/registry](http://www.theFHfoundation.org/registry)

## **Our Mission**

The FH Foundation is a patient-centered, non-profit organization dedicated to raising awareness of all forms of familial hypercholesterolemia (FH) through research, education, and advocacy. Our goal is to save lives by increasing the rate of early diagnosis and encouraging proactive treatment. If left untreated, FH leads to aggressive and premature heart disease in women, men, and children of all racial and ethnic backgrounds.

### **DISCLAIMER**

This document does not guarantee coverage and is meant to serve as a guide and resource.  
If you need additional assistance, contact the FH Foundation at **(626) 583-4674**.

# NAVIGATING INSURANCE GUIDE

CREATED BY THE FH FOUNDATION

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## TABLE OF CONTENTS

**Navigating Insurance for Familial Hypercholesterolemia (FH):  
What You Need to Know** **2**

- Section 1** Common Insurance Terms 3
- Section 2** Prior Authorization and How This Affects Insurance Coverage 4
- Section 3** If Your Coverage Is Denied: Understanding the Internal Appeals Process 5
- Section 4** When to File an External Appeal 8

**Resources to Help You Organize Your Appeal Packet** **10**

- Conversations With Your Insurance Company 11
- Internal Appeals Checklist 12
- External Appeals Checklist 13
- Family History 14
- Medication History 15
- Affording FH Treatments: Where to Look for Help 16
- Insurance Commissioners By State 18

# Navigating Insurance for Familial Hypercholesterolemia (FH)

## What You Need to Know

Receiving news that you've been diagnosed with familial hypercholesterolemia (FH) can be daunting. What does this mean for your overall health? And how do you obtain the proper medication to help manage your condition?

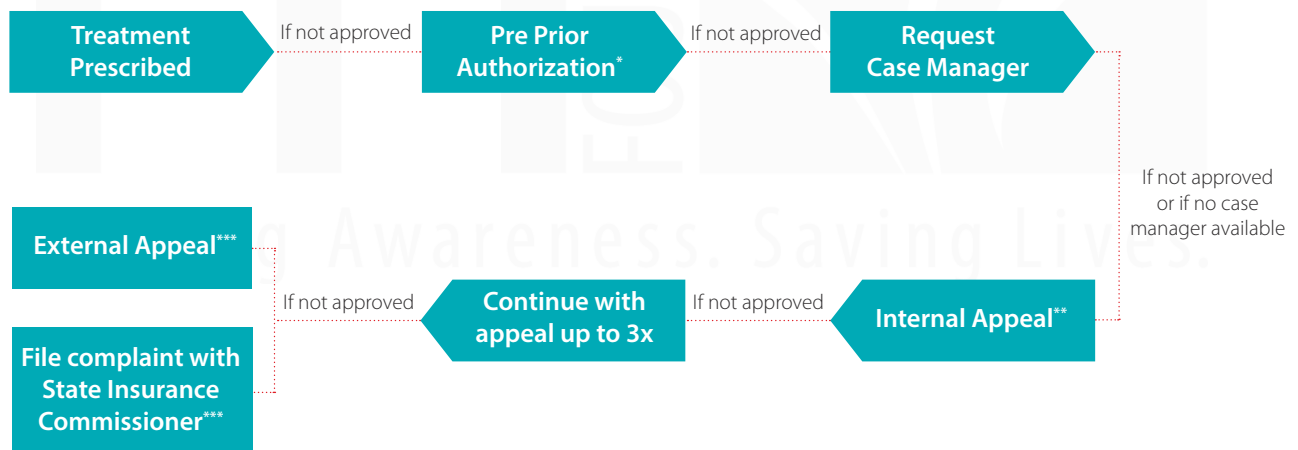
Working with your insurance company can add to the uncertainty of it all. The FH Foundation is here to help you navigate the tricky maze of insurance to obtain proper treatment.

Just as you have worked closely with your healthcare provider to understand your FH diagnosis and decide on the right treatment plan for you, you will need to work together to navigate the insurance process. Be sure to check in with your healthcare provider's office along the way to make sure you are coordinating your efforts.

This guide will help you understand common insurance terms, provide an overview of the prior authorization and appeals process, and give you tools to help you and your healthcare provider work together to help you get the essential medication(s) you need—especially if you've been denied coverage.

The FH Foundation is here to support you on your journey to better health.

### Insurance Timeline & Steps



\* Depending on the medication or the procedure, either your doctor's office or pharmacist will submit a Pre-Prior Authorization for you.

\*\* Make sure you and your doctor have an understanding before submitting your internal appeal. Usually your doctor's office will submit it on your behalf.

\*\*\* It is recommended that your external appeal and your complaint with the state Insurance Commissioner is submitted at the same time.

## SECTION 1

### Common Insurance Terms:

There are many terms used in the insurance industry that can be confusing. We have compiled a list of common terms used in the prior authorization and appeals process. For more information on each term, please consult your specific insurance policy.

**Case Manager** – This is a person who works for your insurance carrier and may be assigned to help manage your internal appeal.

**Claim File** – This contains the information and documents that are involved in an insurer's review of a requested treatment or service.

**Diagnosis Code** – Found in patient paperwork, these are codes used in healthcare and insurance to classify specific medical conditions.

**Explanation of Benefits (EOB)** – An EOB is a notification your insurance company sends after processing a claim, which explains your coverage in detail. It includes what the insurance will pay for as well as out-of-pocket expenses.

**External Appeal** – This is an appeals process that occurs with an Independent Review Organization after all internal appeals are denied.

**Formulary** – A drug formulary is a list of drugs, both generic and brand name, that your insurance carrier has agreed to cover. The formulary may include different tiers, representing different copay or coinsurance costs.

**Independent Review Organization (IRO)** – This is a body that handles the external appeals process for your claim outside of your insurance company. If the IRO decides your treatment should be covered, then your insurance company must overturn its decision and pay for your claim.

**Internal Appeal** – An internal appeal is a request sent to and reviewed by your insurance company after an initial denial of coverage that states why you are eligible to receive medication coverage.

**Letter of Medical Necessity** – This is a letter from your doctor which summarizes the reasons you meet the criteria of the treatment being denied.

**Prior Authorization (PA)** – Most insurance companies have set up a review process, called prior authorization (PA), for approval of certain medications that healthcare providers prescribe.

**Prior Authorization (PA) Representative** – If your prescribed medication requires a PA, your physician or other healthcare provider will likely be your PA representative and submit the required forms and supporting documentation to the insurance company. You may also designate a family member or friend as your PA representative, or you may submit the paperwork yourself.

## SECTION 2

# Prior Authorization and How This Affects Insurance Coverage

When your healthcare provider gives you a prescription for a medication or treatment, it is up to your insurance carrier to approve coverage for the therapy. Most insurance companies have set up a review process, called Prior Authorization (PA), for approval of certain medications that healthcare providers prescribe.

Insurance companies usually require PAs for FH treatments such as:

- “Specialty” drugs that often require special handling (like refrigeration during shipping) and administration (such as an injection).
  - For FH, this includes PCSK9 inhibitors (Repatha, Praluent), mipomersen (Kynamro), or lomitapide (Juxtapid).
- Low-density lipoprotein (LDL) apheresis.
- Brand name drugs prescribed when generics are available.
- Drugs that are not under your insurance company’s formulary, but are regarded as medically necessary.

Check with your insurance carrier to determine if your prescribed medication requires a PA and/or if it is on the insurance company’s formulary.

### What if my medication requires a PA?

If your medication requires a PA, in most cases your healthcare provider’s office will submit the PA form and the supporting documentation for you as your PA representative. You may be able to help by providing your healthcare provider with additional supporting documentation, such as previous medical records.

### What’s included in your PA?

Even though your healthcare provider will submit your PA as your PA representative, it is important to understand what will be included in the submission to your insurance company.

The following documents will be included in your PA submission:

- A detailed history of all relevant prescription

drugs you have tried in the past to treat your FH. Often this information is not well documented in your medical records. If possible, try to provide the healthcare provider’s office with a detailed list of relevant medications, dosing, and dates you were on each drug, and any side effects you encountered.

*Note: See Medication History in the Resources section for help.*

- Check to see if your healthcare provider has the **diagnosis code E78.01: Familial Hypercholesterolemia** noted in your medical record. This is a new code as of October 1, 2016.
- Your **personal history of cardiovascular disease**, if any.
- Your **family history** of cardiovascular disease and/or high cholesterol. Your healthcare provider may include **diagnosis code Z83.42: Family History of FH**, if applicable. This is a new code as of October 1, 2016. [Note: See family history outline in the resources section for help.]
- A **history of your lab results** within the last 30-90 days. It is very important to include a record of your untreated LDL cholesterol level, if possible.

Once your PA representative has sent your PA to your insurance company, follow up with your insurer to make sure they received it.

While you are awaiting approval from your insurance company, you can also contact the drug manufacturer to check if you are able to participate in their patient assistance program(s), if any. They also may have a co-pay card, offer medication while you wait for approval, or be able to provide additional assistance during this time.

*Note: See Affording FH Treatments in the Resources section for help.*

## SECTION 3

# If Your Coverage Is Denied: Understanding the Internal Appeals Process

Obtaining proper treatment for FH is essential to your overall health. But sometimes there may be bumps along the way when trying to obtain that treatment, especially if coverage is denied.

Your healthcare provider can appeal a denial of coverage. This next section will walk you through filing an internal appeal and what steps to take to increase your chances of its success.

**Even if your healthcare provider is handling your appeal, a phone call from you to your insurance provider as the patient can have an important impact on your case.** Explain that you do not agree with the denial and that you are working with your healthcare provider to appeal. As always, be sure to take notes on the call.

### Working with a case manager

When you are denied insurance coverage for a medication, you and your PA Representative will receive a letter outlining why you are not eligible for the requested medication.

Read the letter carefully and check with your insurance company to see if a case manager can be assigned to your case.

### The process of submitting an internal appeal

An internal appeal is a package of information that is sent to and reviewed by your insurance company that states why you are eligible to receive medication coverage.

### Who can submit the appeal?

- Your healthcare provider (most common)
- Yourself or someone you authorize as your PA representative, such as a spouse

If anyone other than yourself, including your healthcare provider, is submitting your internal appeal, you may need to fill out a form requesting your health insurer to authorize communication with your representative on your behalf.

These forms may come with your denial letter, are

located on your health plan's website, or you can also call your insurance company to find out how to proceed with an authorized representative for your internal appeal.

As part of the appeals process, your healthcare provider may be allowed a "peer-to-peer" conference with a medical officer in your insurance company. This one-on-one conversation is often a very effective way to state your case and get approval for your requested medication.

### Before submitting an internal appeal

Before you or your PA representative fight a denial, make sure you have all the information you need to fully understand why your insurance company denied your claim. This includes information about your insurance coverage, your specific claim, and the denial.

- **Read your insurance company's Explanation of Benefits (EOB),** sent along with your denial letter. An EOB is a notification your insurance company sends after processing a claim. It usually includes the treatment, date of service, what is covered, and what the patient should pay (co-payment, co-insurance, deductible, etc.) when approved. All appeal procedures should be explained on the back of your EOB and your denial letter. You can also find this information on your health insurance company's website or by speaking directly to your insurer.
- **Check for input error, which can result in a claim denial.** Be sure to check that your social security number, your name, your date of birth, and all other personal information are

submitted correctly.

- If you and your healthcare provider do not understand the reason for your denial, **request a copy of your claim file**, which contains the information and documents that are involved in an insurer's review of a requested treatment or service. Your denial letter will also provide instructions on how to access your claim file. If you cannot find that information, call your insurance company.
- If the lack of treatment or service for your FH will jeopardize your health or life, you may be allowed to **expedite your appeal**. Your healthcare provider will have to authorize your request for an urgent appeal.
- **Take notes whenever speaking with an insurance agent.** Include the name of the agent you spoke to, the date, and time. It is recommended to keep a notebook specifically for your conversations with your insurance company.

*Note: See Conversations With Your Insurance Company in the Resources section for help.*

- **Clarify the reason when calling your insurance.** Make it very clear that you are not calling to submit an internal appeal, but have questions about the appeal process only. You are given only a few chances to appeal and do not want to unintentionally submit one over the phone.

### What to include in the internal appeal packet

Your healthcare provider will likely be the one to submit the internal appeal on your behalf. You can help by making sure he or she has the following:

- A letter of medical necessity from your healthcare provider that includes:
  - Your personal information (name, address, and phone number)
  - Your member identification number, group name (if applicable), your plan type, your provider's name, and the treatment you are requesting.

- The exact language of your denial, the date of the denial, and the service being denied. Directly quote the terms of the denial and the criteria your health plan applied.
- Reasons you meet the criteria for the treatment being denied.
- References from abstracts of medical journals showing why your treatment is appropriate, safe, and effective for your condition.
- Optional: proof that other insurers are covering the treatment.
- Relevant medical records that relate to your FH and cardiovascular disease. This includes your medical records documenting drugs you have taken in the past to treat your condition. Be sure to include specific dates and doses.
- History of adverse reactions or side effects you have had to medications.
- History of all medications taken for FH, including high-intensity statins.
- A copy of your insurance card and official ID such as a driver's license.
- Include the Package Insert information for the medication and reference the the FDA approved indication. *[See table with links to the associated Package Inserts.]*
- You may also include a personal letter about what this treatment means to you, your medical condition, and the potential impact on your daily life. Be clear when stating why your claim should not be denied and the decision(s) you wish your health insurance to make. This letter should be strong, factual, unemotional, and include relevant documentation to support your case.

*Note: See the Internal Appeal Checklist in the Resources section for help.*



## Package inserts for common FH treatments



[https://www.accessdata.fda.gov/drugsatf-da\\_docs/label/2012/203858s000lbl.pdf](https://www.accessdata.fda.gov/drugsatf-da_docs/label/2012/203858s000lbl.pdf)



[https://www.accessdata.fda.gov/drugsatf-da\\_docs/label/2013/203568s000lbl.pdf](https://www.accessdata.fda.gov/drugsatf-da_docs/label/2013/203568s000lbl.pdf)



[https://www.accessdata.fda.gov/drugsatf-da\\_docs/label/2015/125559Orig1s000lbl-ledt.pdf](https://www.accessdata.fda.gov/drugsatf-da_docs/label/2015/125559Orig1s000lbl-ledt.pdf)



[https://www.accessdata.fda.gov/drugsatf-da\\_docs/label/2015/125522s000lbl.pdf](https://www.accessdata.fda.gov/drugsatf-da_docs/label/2015/125522s000lbl.pdf)



<http://www.liposorber.com/home.htm>

## How to submit your internal appeal

Your healthcare provider will likely submit the internal appeal on your behalf. You or someone else you designate as your PA representative may submit the appeal if your healthcare provider cannot. Here are some tips for a successful submission:

- Pay attention to deadlines: usually you have up to 180 days (6 months) to submit your internal appeal.
- Include a copy of your original denial letter with your packet.
- Make sure your packet is submitted to the correct address. The address should be written in your denial letter or you can call your insurer.
- Send by certified mail with a request for a return receipt. This will confirm when your insurer received your letter.

## When to expect a response from your insurance company

For standard internal appeals, you should hear a response from your insurance company within 30 days. Your insurance company should have also sent you a confirmation letter stating they have received your internal appeal within 5-7 days of its receipt. If you did not receive a confirmation letter after one week, call your insurer to confirm. For expedited internal appeals, you should hear

a response by your insurance company after 72 hours of its receipt.

## What if my internal appeal is denied?

It can be frustrating, especially if your internal appeal is denied. But don't give up hope. Depending on your plan, you may have the option to resubmit your appeal, usually two more times.

As with your first appeal, your healthcare provider may request a "peer-to-peer" discussion with medical management or your insurance's Medical Director to explain the medical necessity of your treatment.

**Even if your healthcare provider is handling your appeal, a phone call from you to your insurance provider as the patient can have an important impact on your case.** Explain that you do not agree with the denial and that you are working with your healthcare provider to appeal. As always, be sure to take notes on the call.

If all your internal appeals are exhausted and a "peer-to-peer" discussion is unavailable, you may be eligible to file an external appeal.

## SECTION 4

# When to File an External Appeal

Sometimes, multiple internal appeals may be denied by an insurance carrier. Although this can be frustrating, there are still other ways to pursue medication coverage.

You and your healthcare provider can file an external appeal, which is an appeals process reviewed by an independent review organization (IRO) outside of your insurance company. If the IRO decides your treatment should be covered, then your insurance company must overturn its decision and pay for your claim.

In all states, insurance companies must participate in an external appeal process that meets the consumer protection standards of the health care law. The state you reside in must follow your state's external appeal process. If your state does not have an external appeal process that meets the minimum consumer protection standards, the federal government's Department of Health and Human Services (HHS) will oversee an external appeal process for health insurance companies in your state.

If your condition is urgent, you may be allowed to file both an internal appeal with your insurance company as well as an external appeal with an IRO to expedite the claims process.

### How to file an external appeal

When you receive a denial letter from your insurance company, it will contain the contact information for the organization handling external appeals as well as your deadline to file an external appeal.

If you have trouble locating this information, call your insurance company. When you call, make note of the **insurance representative's name, the date and time, and details of the conversation.**

Your healthcare provider will likely submit the external appeal on your behalf. The external appeal should include the following information:

- An external appeal request letter that includes:
  - Member name
  - Member address and phone number
  - Member date of birth

- Member health plan information (company name, plan type, phone numbers)
- Member policy number
- Claim number
- Date(s) of service
- Explanation of the benefit decision being disputed
- Proposed resolution
- Whether you are requesting a standard or expedited review

- All documents previously submitted in the internal appeals package with a list of what is being sent.
- A completed Medical Records Release Form
- A completed Authorized Representative Form if someone other than the yourself is submitting the request.

Like the internal appeal, we recommend sending your external appeal package by certified mail with a request for a return receipt.

*Note: See the External Appeal Checklist in the Resources section for help.*

### When to expect a response

The IRO typically reaches a final decision:

- No later than 60 days for **standard** external appeals.
- No later than 72 hours of receipt for **expedited** external appeals.

## How to file a complaint with your Insurance Commissioner

You may also want to consider filing a complaint with your state Insurance Commissioner's office at the same time you are submitting an external appeal. This is something you can do as a patient. You may need your healthcare provider's help to submit the needed documentation from the appeals process. The complaint process with your Insurance Commissioner is independent of the internal and external appeal processes.

## HOW TO FILE A COMPLAINT



**1** Visit the state Insurance Commissioner website and go to the "consumer services" page.

*(Note: See the list of state Insurance Commissioners on page 18 in this guide)*



**2** There should be a platform available for you to submit your complaint. Make sure to include all documents included in your internal and external appeal to your insurance company. It is especially important to include notes on all your conversations with your insurance company.



**3** You will be able to log on to the complaint platform and check on the status of your complaint after submission.

### Additional References:

Below are additional references that may be helpful when navigating the appeals process.

#### Patient Navigator

<http://www.patientnavigator.com/insurance-what-to-do-with-a-denied-claim/>

<http://www.patientadvocate.org/requests/publications/Guide-Appeals-Process.pdf>

#### Health Law Advocates

<http://www.healthlawadvocates.org/tools/publications/files/0017.htm>

<http://www.healthlawadvocates.org/tools/documents/files/HLA-Guide-to-Appeals-2-15-13.pdf>

#### Medicare Appeal

<http://www.medicareappeal.com/medicare-appeals-your-rights>

#### Healthcare.Gov

<https://www.healthcare.gov/appeal-insurance-company-decision/external-review/>

#### National Association of Independent Review Organizations

[http://nairo.org/site/1920nair/nairo\\_consumer\\_brief\\_2.pdf](http://nairo.org/site/1920nair/nairo_consumer_brief_2.pdf)

#### Centers for Medicaid and Medicare

[https://www.cms.gov/CCIIO/Resources/Files/external\\_appeals.html](https://www.cms.gov/CCIIO/Resources/Files/external_appeals.html)

# RESOURCES

to help you organize your  
internal and external appeal

# CONVERSATIONS

## WITH YOUR INSURANCE COMPANY

Keep track of all your conversations with your insurance company through your appeals process. Make sure to write down the name of the agent you spoke to, the date and time, and specific conversation notes. This chart can be useful to write down your conversation history with your insurance company. Be sure to reference it when necessary.

DATE & TIME	WHO YOU SPOKE WITH	CONVERSATION NOTES

# INTERNAL APPEALS

## CHECKLIST

Before submitting your internal appeal to your insurance company, reference this checklist to ensure you have included all necessary documents (to the best of your ability) that will strengthen your case.

- A copy of your Explanation of Benefits (EOB)
- A copy of your denial letter
- Medical necessity letter from your doctor(s)
- Relevant medical records
- Your health and medication history
- Drugs you have taken in the past to treat your condition (include dates and doses)
- History of adverse reactions or side effects you have had to medications
- History of medications such as high intensity statins for your FH diagnosis
- A copy of your identification card and insurance card
- The Package Insert for the medication you are appealing. Make sure to reference the FDA approved indication for the medication (FH, for example)
- An information sheet from the FH Foundation on the importance of early treatment

# EXTERNAL APPEALS

## CHECKLIST

Before submitting your external appeal to an Independent Review Organization (IRO), reference this checklist to ensure you have included all necessary documents (to the best of your ability) that will strengthen your case.

- An external appeal letter request
- A copy of your Explanation of Benefits (EOB)
- A copy of your final denial letter
- A *Letter of Medical Necessity* from your healthcare provider
- Relevant medical records
- Your health and medication history
- Drugs you have taken in the past to treat your condition (include dates and doses)
- History of adverse reactions or side effects you have had to medications
- History of medications such as high intensity statins for your FH diagnosis
- A copy of your identification card and insurance card
- The Package Insert for the medication you are appealing. Make sure to reference the FDA approved indication for the medication (FH, for example)
- An information sheet from the FH Foundation on the importance of early treatment
- Any other additional documents you feel will strengthen your case

# FAMILY HISTORY

## DO YOU HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

## DOES YOUR SPOUSE HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

## DO YOUR CHILDREN HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
How many children? HeFH \_\_\_\_\_ HoFH \_\_\_\_\_ Unknown \_\_\_\_\_  
 Premature Heart Disease  
How many children? \_\_\_\_\_

notes: \_\_\_\_\_

- High Cholesterol  
How many children? \_\_\_\_\_  
 Xanthoma, xanthlasma, corneal arcus  
How many children? \_\_\_\_\_

## FATHER'S SIDE

### DOES YOUR FATHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DOES YOUR GRANDFATHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DOES YOUR GRANDMOTHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DO YOUR AUNTS/UNCLES HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

## MOTHER'S SIDE

### DOES YOUR MOTHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DOES YOUR GRANDFATHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DOES YOUR GRANDMOTHER HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_

### DO YOUR AUNTS/UNCLES HAVE:

- FH Diagnosis    HeFH    HoFH    Unknown  
 Premature Heart Disease  
 High Cholesterol  
 Xanthoma, xanthlasma, corneal arcus

notes: \_\_\_\_\_



# MEDICATION HISTORY

- Highest or available pretreatment LDL: \_\_\_\_\_ Date\*: \_\_\_\_\_ (attach record if possible)
- Treated LDL on max tolerated statin: \_\_\_\_\_ Date\*: \_\_\_\_\_ (attach record if possible)
- Treated LDL on max tolerated statin + ezetimibe: \_\_\_\_\_ Date\*: \_\_\_\_\_ (attach record if possible)
- If you are not on a high intensity statin indicate the reason (attach record if possible):  
\_\_\_\_\_

## High Intensity Statins

- Atorvastatin (Lipitor) 40 to 80 mg
- Rosuvastatin (Crestor) 20 to 40 mg

## Dose Prescribed

## Dates Taken\*

_____	_____
_____	_____

## Moderate Intensity Statins

- Atorvastatin 10 to 20 mg
- Rosuvastatin 5 to 10 mg
- Simvastatin (Zocor) 20 to 40 mg
- Lovastatin (Mevacor) 40 mg
- Fluvastatin XL (Lescol XL) 80 mg
- Fluvastatin 40 mg twice-daily
- Pitavastatin (Livalo) 2 to 4 mg

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Low Intensity Statins

- Simvastatin 10 mg
- Pravastatin 10 to 20 mg
- Lovastatin 20 mg
- Fluvastatin 20 to 40 mg
- Pitavastatin 1 mg

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Other Cholesterol Lowering Therapies

- Ezetimibe
- Bile Acid Sequestrants
- Niacin
- Lipoprotein Apheresis
- Lomitapide
- Mipomersen

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## History of Atherosclerotic Cardiovascular Disease (ASCVD) (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Acute coronary syndrome  | <input type="checkbox"/> Stable or unstable angina        |
| <input type="checkbox"/> Coronary or other arterial revascularization                         | <input type="checkbox"/> History of myocardial infarction |
| <input type="checkbox"/> History of myocardial infarction                                     | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> Peripheral arterial disease presumed to be of atherosclerotic origin |   |

\* If you do not know the exact dates of your medication history, please write down an approximate date.

# AFFORDING FH TREATMENTS

## WHERE TO LOOK FOR HELP

TREATMENT	RESOURCES
<b>STATINS</b>	
Atorvastatin (Lipitor) Fluvastatin (Lescol) Lovastatin (Altoprev) Pitavastatin (Livalo) Pravastatin (Pravachol) Rosuvastatin (Crestor) Simvastatin (Zocor)	<b>INSURANCE COVERAGE</b> Statins are covered by all major insurance. Most are available as generic drugs.  <b>SUPPORT SERVICES</b> (for brand name only statins): <a href="http://www.livalorx.com">www.livalorx.com</a>
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>	
Ezetimibe (Zetia) Vytorin (Ezetimibe & Simvastatin)	<b>PRESCRIPTION SAVINGS CARDS</b> <a href="http://www.merckhelps.com/ZETIA">www.merckhelps.com/ZETIA</a> <a href="http://www.zetia.com">www.zetia.com</a> <a href="http://www.merckhelps.com/VYTORIN">www.merckhelps.com/VYTORIN</a>
<b>BILE ACID SEQUESTRANTS</b>	
Cholestyramine (Questran & Prevalite) Colestipol (Colestid) Colesevelam (Welchol)	<b>PRESCRIPTION SAVINGS CARDS</b> <a href="http://www.rxpharmacycoupons.com">www.rxpharmacycoupons.com</a> <a href="http://www.rxpharmacycoupons.com">www.rxpharmacycoupons.com</a> <a href="http://www.rebates.com">www.rebates.com</a>
<b>NIACIN</b>	
Niacin (Niaspan & Niacor)	<b>PRESCRIPTION SAVINGS CARDS</b> <a href="http://www.niaspan.com">www.niaspan.com</a> <a href="http://www.coupons.pharmacy/niacor-coupons/">www.coupons.pharmacy/niacor-coupons/</a>
<b>PCSK9 INHIBITORS</b>	
Alirocumab (Praluent) Evolocumab (Repatha)	<b>SUPPORT SERVICES</b> My Praluent: <a href="http://www.praluent.com">www.praluent.com</a> Repatha Ready: <a href="http://www.repatha.com">www.repatha.com</a>
<b>LIPOPROTEIN (LDL) APHERESIS</b>	
Liposorber	<a href="http://www.liposorber.com/home.htm">www.liposorber.com/home.htm</a>  <b>INSURANCE CONSULTANT</b> Romain Babock: (877) 777-0601  <b>TRAVEL COMPENSATION</b> Brenda Amaral: (917) 520-6043
<b>ADDITIONAL THERAPIES</b>	
<b>HOFH SPECIFIC</b> Mipomersen (Kynamro) Lomitapide (Juxtapid)	<b>SUPPORT SERVICES</b> <a href="http://www.kynamro.com">www.kynamro.com</a> <a href="http://www.juxtapid.com">www.juxtapid.com</a>

# AFFORDING FH TREATMENTS

## WHERE TO LOOK FOR HELP

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### PAYMENT ASSISTANCE

[www.panfoundation.org](http://www.panfoundation.org)

[www.patientadvocate.org](http://www.patientadvocate.org)

[www.patientservicesinc.org](http://www.patientservicesinc.org)

[www.pparx.org](http://www.pparx.org)

[www.rxoutreach.org](http://www.rxoutreach.org) (statins only)

### LEGAL ADVICE & ASSISTANCE

[www.patientservicesinc.org](http://www.patientservicesinc.org)

### RESOURCE CENTERS

[www.needymeds.org](http://www.needymeds.org)

[www.rxassist.org](http://www.rxassist.org)

[www.nxoa.org](http://www.nxoa.org)

### PRICE COMPARISONS

[www.goodrx.org](http://www.goodrx.org)

[www.consumerreports.org/drug-prices/drug-discount-programs-can-save-you-big-on-generics/](http://www.consumerreports.org/drug-prices/drug-discount-programs-can-save-you-big-on-generics/)

Raising Awareness. Saving Lives.

# INSURANCE COMMISSIONERS

## BY STATE

State	Department of Insurance	Consumer Services
Alabama	<p>201 Monroe Street, Suite 502 Montgomery, AL 36104</p> <p><b>Phone:</b> 334-269-3550</p> <p><b>Web:</b> <a href="http://www.aldoi.gov/">http://www.aldoi.gov/</a></p>	<p><b>Phone:</b> 334-241-4141</p> <p><b>Email:</b> <a href="mailto:ConsumerServices@insurance.alabama.gov">ConsumerServices@insurance.alabama.gov</a></p> <p><b>Complaints:</b> <a href="http://www.aldoi.gov/Consumers/FileComplaint.aspx">http://www.aldoi.gov/Consumers/FileComplaint.aspx</a></p>
Alaska	<p>550 West 7th Avenue, Suite 1560 Anchorage, AK 99501-3597</p> <p><b>Phone:</b> 907-269-7900</p> <p><b>Web:</b> <a href="https://www.commerce.alaska.gov/web/ins/">https://www.commerce.alaska.gov/web/ins/</a></p>	<p><b>Phone:</b> Toll Free Hotline 1-800-467-8725 or 1-800-INSURAK</p> <p><b>Email:</b> <a href="mailto:insurance@alaska.gov">insurance@alaska.gov</a></p> <p><b>Complaints:</b> <a href="https://www.commerce.alaska.gov/web/ins/Consumers/Complaints.aspx">https://www.commerce.alaska.gov/web/ins/Consumers/Complaints.aspx</a></p>
Arizona	<p>2910 North 44th Street, Suite 210 Phoenix, AZ 85018-7269</p> <p><b>Phone:</b> 602-364-2499   800-325-2548</p> <p><b>Web:</b> <a href="https://insurance.az.gov/">https://insurance.az.gov/</a></p>	<p><b>Phone:</b> 334-241-4141</p> <p><b>Email:</b> <a href="mailto:consumers@azinsurance.gov">consumers@azinsurance.gov</a></p> <p><b>Web:</b> <a href="https://insurance.az.gov/consumers">https://insurance.az.gov/consumers</a></p>
Arkansas	<p>1200 West Third Street Little Rock, AR 72201-1904</p> <p><b>Phone:</b> 800-852-5494   501-371-2640</p> <p><b>Web:</b> <a href="http://www.insurance.arkansas.gov/">http://www.insurance.arkansas.gov/</a></p>	<p><b>Complaints:</b> <a href="http://www.insurance.arkansas.gov/csd-complaint.htm">http://www.insurance.arkansas.gov/csd-complaint.htm</a></p>
California	<p>300 Capitol Mall, Suite 1700 Sacramento, CA 95814</p> <p><b>Phone:</b> 1-800-927-4357</p> <p><b>Web:</b> <a href="http://www.insurance.ca.gov/">http://www.insurance.ca.gov/</a></p>	<p><b>Phone:</b> 800-927-4357</p> <p><b>Email:</b> <a href="http://www.insurance.ca.gov/01-consumers/101-help/index.cfm">http://www.insurance.ca.gov/01-consumers/101-help/index.cfm</a></p> <p><b>Web:</b> <a href="https://interactive.web.insurance.ca.gov/contactCSD/ContactUs.jsp">https://interactive.web.insurance.ca.gov/contactCSD/ContactUs.jsp</a></p>

State	Department of Insurance	Consumer Services
Colorado	<p>Broadway, Suite 850 Denver, CO 80202</p> <p><b>Phone:</b> 303-894-7499   1-800-930-3745</p> <p><b>Web:</b> <a href="http://www.dora.colorado.gov/insurance">www.dora.colorado.gov/insurance</a></p>	<p><b>Phone:</b> 303-894-7490   800-930-3745</p> <p><b>Web:</b> <a href="https://www.colorado.gov/pacific/dora/node/102256">https://www.colorado.gov/pacific/dora/node/102256</a></p>
Connecticut	<p>153 Market Street Hartford, CT 06103</p> <p><b>Phone:</b> 303-894-7499   1-800-930-3745</p> <p><b>Web:</b> <a href="http://www.dora.colorado.gov/insurance">www.dora.colorado.gov/insurance</a></p>	<p><b>Phone:</b> 303-894-7490   800-930-3745</p> <p><b>Web:</b> <a href="https://www.colorado.gov/pacific/dora/node/102256">https://www.colorado.gov/pacific/dora/node/102256</a></p>
Delaware	<p>841 Silver Lake Blvd. Dover, DE 19904</p> <p><b>Phone:</b> 1-800-282-8611   302-674-7310</p> <p><b>Web:</b> <a href="http://www.delawareinsurance.gov/">http://www.delawareinsurance.gov/</a></p>	<p><b>Email:</b> <a href="mailto:consumer@state.de.us">consumer@state.de.us</a></p> <p><b>Complaints:</b> <a href="http://insurance.delaware.gov/services/filecomplaint/">http://insurance.delaware.gov/services/filecomplaint/</a></p>
Florida	<p>200 East Gaines Street Tallahassee, FL 32399</p> <p><b>Phone:</b> 850-413-3140</p> <p><b>Web:</b> <a href="http://www.floir.com/">http://www.floir.com/</a></p>	<p><b>Phone:</b> 877-693-5236</p> <p><b>Email:</b> <a href="mailto:Consumer.Services@myfloridacfo.com">Consumer.Services@myfloridacfo.com</a></p> <p><b>Web:</b> <a href="https://apps.fldfs.com/eService/Newrequest.aspx">https://apps.fldfs.com/eService/Newrequest.aspx</a></p>
Georgia	<p>2 Luther King, Jr. Drive, West Tower, Suite 704 Atlanta, Georgia 30334</p> <p><b>Phone:</b> 404-656-2070   800-656-2298</p> <p><b>Web:</b> <a href="https://www.oci.ga.gov/">https://www.oci.ga.gov/</a></p>	<p><b>Phone:</b> 404-656-2070 (<i>in Metro Atlanta</i>) 800-656-2298 (<i>outside of the Metro Atlanta Area</i>)</p> <p><b>Complaints:</b> <a href="https://www.oci.ga.gov/Consumer-Service/complaintprocess.aspx">https://www.oci.ga.gov/Consumer-Service/complaintprocess.aspx</a></p>
Hawaii	<p>335 Merchant Street, Room 213 Honolulu, HI 96813</p> <p><b>Phone:</b> 808-586-2790   808-586-2799</p> <p><b>Web:</b> <a href="http://cca.hawaii.gov/ins/">http://cca.hawaii.gov/ins/</a></p>	<p><b>Phone:</b> 808- 586-2804</p> <p><b>Web:</b> <a href="http://cca.hawaii.gov/ins/consumer/filing_a_complaint/">http://cca.hawaii.gov/ins/consumer/filing_a_complaint/</a></p>

State	Department of Insurance	Consumer Services
Idaho	700 West State Street, 3rd Floor P.O. Box 83720  <b>Phone:</b> 208-334-4250  <b>Web:</b> <a href="http://www.doi.idaho.gov/">http://www.doi.idaho.gov/</a>	<b>Phone:</b> 208-334-4319   800-721-3272  <b>Email:</b> <a href="mailto:consumeraffairs@doi.idaho.gov">consumeraffairs@doi.idaho.gov</a>  <b>Complaints:</b> <a href="http://www.doi.idaho.gov/consumer/Complaint.aspx">http://www.doi.idaho.gov/consumer/Complaint.aspx</a>
Illinois	320 West Washington Street Springfield, IL 62767-0001  <b>Phone:</b> 217-782-4515   312-814-2420  <b>Web:</b> <a href="http://insurance.illinois.gov/">http://insurance.illinois.gov/</a>	<b>Phone:</b> 877-527-9431  <b>Complaints:</b> <a href="https://mc.insurance.illinois.gov/messagecenter.nsf">https://mc.insurance.illinois.gov/messagecenter.nsf</a>
Indiana	311 West Washington Street, Suite 300 Indianapolis, IN 46204-2787  <b>Phone:</b> 317-232-2385  <b>Web:</b> <a href="http://www.in.gov/idoi/">http://www.in.gov/idoi/</a>	<b>Phone:</b> 800-622-4461  <b>Email:</b> <a href="mailto:consumerservices@idoi.in.gov">consumerservices@idoi.in.gov</a>
Florida	200 East Gaines Street Tallahassee, FL 32399  <b>Phone:</b> 850-413-3140  <b>Web:</b> <a href="http://www.floir.com/">http://www.floir.com/</a>	<b>Phone:</b> 877-693-5236  <b>Email:</b> <a href="mailto:Consumer.Services@myfloridacfo.com">Consumer.Services@myfloridacfo.com</a>  <b>Web:</b> <a href="https://apps.fldfs.com/eService/Newrequest.aspx">https://apps.fldfs.com/eService/Newrequest.aspx</a>
Iowa	601 Locust Street, 4th Floor Des Moines, IA 50309-3738  <b>Phone:</b> 515-281-5705  <b>Web:</b> <a href="http://www.iid.state.ia.us/">http://www.iid.state.ia.us/</a>	<b>Phone:</b> 877-955-1212 ( <i>Iowa Only</i> )  <b>Complaints:</b> <a href="http://www.iid.state.ia.us/file_a_complaint">http://www.iid.state.ia.us/file_a_complaint</a>
Kansas	420 SW 9th Street Topeka, KS 66612-1678  <b>Phone:</b> 785-296-3071  <b>Web:</b> <a href="http://www.ksinsurance.org/">http://www.ksinsurance.org/</a>	<b>Phone:</b> 800-432-2484 ( <i>KS only</i> ) 785-296-7829   800-432-2484  <b>Web:</b> <a href="http://cca.hawaii.gov/ins/consumer/filing_a_complaint/">http://cca.hawaii.gov/ins/consumer/filing_a_complaint/</a>

State	Department of Insurance	Consumer Services
Kentucky	215 West Main Street Frankfort, KY 40601  <b>Phone:</b> 800-595-6053 ( <i>option 1</i> )  <b>Web:</b> <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	<b>Phone:</b> 502-564-6034   800-595-6053  <b>Complaints:</b> <a href="http://insurance.ky.gov/static_info.aspx?static_id=1&amp;MenuID=15">http://insurance.ky.gov/static_info.aspx?static_id=1&amp;MenuID=15</a>
Louisiana	1702 North Third Street Baton Rouge, LA 70802  <b>Phone:</b> 800-259-5300   800-259-5301  <b>Web:</b> <a href="https://www.lidi.la.gov/">https://www.lidi.la.gov/</a>	<b>Complaints:</b> <a href="https://www.lidi.la.gov/onlineservices/ConsumerComplaintForm">https://www.lidi.la.gov/onlineservices/ConsumerComplaintForm</a>
Maine	76 Northern Avenue Gardiner, ME 04345  <b>Phone:</b> 800-300-5000   207-624-8475  <b>Email:</b> <a href="mailto:Insurance.PFR@maine.gov">Insurance.PFR@maine.gov</a>	<b>Complaints:</b> <a href="http://www.maine.gov/pfr/insurance/complaint.htm">http://www.maine.gov/pfr/insurance/complaint.htm</a>
Maryland	200 St. Paul Place, Suite 2700 Baltimore, MD 21202  <b>Phone:</b> 410-468-2000   1-800-492-6116  <b>Web:</b> <a href="http://insurance.maryland.gov/Pages/default.aspx">http://insurance.maryland.gov/Pages/default.aspx</a>	<b>Phone:</b> 410-468- 2340   1-800-492-6116 ( <i>select option 3, then option 1</i> )  <b>Complaints:</b> <a href="http://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx">http://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx</a>  <b>Appeals:</b> <a href="http://insurance.maryland.gov/Consumer/Pages/AppealsAndGrievances.aspx">http://insurance.maryland.gov/Consumer/Pages/AppealsAndGrievances.aspx</a>
Massachusetts	1000 Washington Street Boston, MA 02118-6200  <b>Phone:</b> 877-563-4467   617 521-7794  <b>Web:</b> <a href="http://www.mass.gov/doi">http://www.mass.gov/doi</a>	<b>Complaints:</b> <a href="http://www.mass.gov/ocabr/insurance/consumer-safety/file-a-complaint/">http://www.mass.gov/ocabr/insurance/consumer-safety/file-a-complaint/</a>
Michigan	530 West Allegan Street, 7th Floor Lansing, MI 48933  <b>Phone:</b> 517-284-8800   877-999-6442  <b>Web:</b> <a href="http://www.michigan.gov/difs/">http://www.michigan.gov/difs/</a>	<b>Web:</b> <a href="http://www.michigan.gov/difs/0,5269,7-303-12902_12907---,00.html">http://www.michigan.gov/difs/0,5269,7-303-12902_12907---,00.html</a>

State	Department of Insurance	Consumer Services
Minnesota	<p>Golden Rule Building 85 7th Place East, Suite 500 Saint Paul, MN 55101</p> <p><b>Phone:</b> 651-539-1600</p> <p><b>Web:</b> <a href="http://mn.gov/commerce/industries/insurance/">http://mn.gov/commerce/industries/insurance/</a></p>	<p><b>Complaints:</b> <a href="http://mn.gov/commerce/consumers/file-a-complaint/file-a-complaint/">http://mn.gov/commerce/consumers/file-a-complaint/file-a-complaint/</a></p>
Mississippi	<p>1001 Woolfolk State Office Building 501 North West Street Jackson, MS 39201</p> <p><b>Phone:</b> 601-359-3569</p> <p><b>Web:</b> <a href="http://www.mid.ms.gov/#&amp;panel1-2">http://www.mid.ms.gov/#&amp;panel1-2</a></p>	<p><b>Phone:</b> 800-562-2957</p> <p><b>Email:</b> <a href="mailto:consumer@mid.ms.gov">consumer@mid.ms.gov</a></p> <p><b>Complaints:</b> <a href="http://www.mid.ms.gov/consumers/file-agent-complaint.aspx">http://www.mid.ms.gov/consumers/file-agent-complaint.aspx</a> <a href="http://www.mid.ms.gov/consumers/grievances.aspx">Grievances.aspx</a></p>
Missouri	<p>301 West High Street, Room 530 Jefferson City, MO 65101</p> <p><b>Phone:</b> 573-751-4126</p> <p><b>Web:</b> <a href="http://insurance.mo.gov/">http://insurance.mo.gov/</a></p>	<p><b>Phone:</b> 800-726-7390</p> <p><b>Email:</b> <a href="mailto:consumeraffairs@insurance.mo.gov">consumeraffairs@insurance.mo.gov</a></p> <p><b>Complaints:</b> <a href="http://insurance.mo.gov/consumers/complaints/index.php">http://insurance.mo.gov/consumers/complaints/index.php</a></p>
Montana	<p>840 Helena Avenue Helena, MT 59601</p> <p><b>Phone:</b> 406-444-2040</p> <p><b>Web:</b> <a href="http://csimt.gov/">http://csimt.gov/</a></p>	<p><b>Complaints:</b> <a href="http://csimt.gov/insurance/complaints/">http://csimt.gov/insurance/complaints/</a></p>
Nebraska	<p>941 O Street, PO Box 82089 Lincoln, NE 68501-2089</p> <p><b>Phone:</b> 402-471-2201</p> <p><b>Web:</b> <a href="http://www.doi.nebraska.gov/">http://www.doi.nebraska.gov/</a></p>	<p><b>Phone:</b> 877-564-7323</p> <p><b>Complaints:</b> <a href="http://www.doi.nebraska.gov/complaint/complaint.html">http://www.doi.nebraska.gov/complaint/complaint.html</a></p>
Nevada	<p>1818 E. College Pkwy, Suite 103 Carson City, NV 89706</p> <p><b>Phone:</b> 775-687-0700</p> <p><b>Web:</b> <a href="http://doi.nv.gov/">http://doi.nv.gov/</a></p>	<p><b>Web:</b> <a href="http://doi.nv.gov/Consumers/File-A-Complaint/">http://doi.nv.gov/Consumers/File-A-Complaint/</a></p>



State	Department of Insurance	Consumer Services
New Hampshire	<p>21 South Fruit Street, Suite 14 Concord, NH 03301</p> <p><b>Phone:</b> 603-271-2261</p> <p><b>Web:</b> <a href="https://www.nh.gov/insurance/">https://www.nh.gov/insurance/</a></p>	<p><b>Phone:</b> 800-852-3416</p> <p><b>Complaints:</b> <a href="https://www.nh.gov/insurance/consumers/complaints.htm">https://www.nh.gov/insurance/consumers/complaints.htm</a></p>
New Jersey	<p>20 West State Street, PO Box 325 Trenton, NJ 08625</p> <p><b>Phone:</b> 609-292-7272</p> <p><b>Web:</b> <a href="http://www.state.nj.us/dobi/division_consumers/insurance/ins_menu.htm">http://www.state.nj.us/dobi/division_consumers/insurance/ins_menu.htm</a></p>	<p><b>Phone:</b> 800-446-7467</p> <p><b>Web:</b> <a href="http://www.state.nj.us/dobi/consumer.htm">http://www.state.nj.us/dobi/consumer.htm</a></p>
New Mexico	<p>1120 Paseo de Peralta Santa Fe, NM 87501</p> <p><b>Phone:</b> 855-427-5674</p> <p><b>Web:</b> <a href="http://www.osi.state.nm.us/home.aspx">http://www.osi.state.nm.us/home.aspx</a></p>	<p><b>Phone:</b> 855-427-5674   505-827-4601</p> <p><b>Web:</b> <a href="http://osi.state.nm.us/consumer-assistance/forms/managed-health-care.html">http://osi.state.nm.us/consumer-assistance/forms/managed-health-care.html</a></p>
New York	<p>One Commerce Plaza Albany, NY 12257</p> <p><b>Phone:</b> 800-342-3736</p> <p><b>Web:</b> <a href="http://www.dfs.ny.gov/insurance/dfs_insurance.htm">http://www.dfs.ny.gov/insurance/dfs_insurance.htm</a></p>	<p><b>Phone:</b> 212-480-6400   800-342-3736</p> <p><b>Complaints:</b> <a href="http://www.dfs.ny.gov/consumer/fileacomplaint.htm">http://www.dfs.ny.gov/consumer/fileacomplaint.htm</a></p>
North Carolina	<p>430 North Salisbury Street Raleigh, NC 27603-5926</p> <p><b>Phone:</b> 855-408-1212 (<i>toll free</i>)</p> <p><b>Email:</b> <a href="mailto:commissioner@ncdoi.gov">commissioner@ncdoi.gov</a></p> <p><b>Web:</b> <a href="http://www.ncdoi.com/">http://www.ncdoi.com/</a></p>	<p><b>Phone:</b> 855-408-1212 (<i>toll free</i>)</p> <p><b>Complaints:</b> <a href="http://www.ncdoi.com/Smart/">http://www.ncdoi.com/Smart/</a></p>

State	Department of Insurance	Consumer Services
North Dakota	600 East Boulevard Avenue Bismarck, ND 58505-0320  <b>Phone:</b> 701-328-2440  <b>Web:</b> <a href="http://www.nd.gov/NDIns/">http://www.nd.gov/NDIns/</a>	<b>Phone:</b> 800-247-0560  <b>Email:</b> <a href="mailto:insurance@nd.gov">insurance@nd.gov</a>  <b>Complaints:</b> <a href="http://www.nd.gov/ndins/consumers/complaint/">http://www.nd.gov/ndins/consumers/complaint/</a>
Ohio	50 West Town Street, 3rd Floor Suite 300 Columbus, OH 43215  <b>Phone:</b> 614-644-2658  <b>Web:</b> <a href="http://www.insurance.ohio.gov/Pages/default.aspx">http://www.insurance.ohio.gov/Pages/default.aspx</a>	<b>Phone:</b> 800-686-1526  <b>Complaints:</b> <a href="http://www.insurance.ohio.gov/Consumer/Pages/ConsumerTab1.aspx">http://www.insurance.ohio.gov/Consumer/Pages/ConsumerTab1.aspx</a>
Oklahoma	3625 NW 56th, Suite 100 Oklahoma City, OK 73112-4511  <b>Phone:</b> 405-521-2828   800-522-0071  <b>Web:</b> <a href="https://www.ok.gov/oid/">https://www.ok.gov/oid/</a>	<b>Phone:</b> 800-522-0071   405-521-2828  <b>Complaints:</b> <a href="https://www.ok.gov/oid/Consumers/Consumer_Assistance/Claims_Process.html">https://www.ok.gov/oid/Consumers/Consumer_Assistance/Claims_Process.html</a>
Oregon	350 Winter Street NE Salem, OR 97301-3883  <b>Phone:</b> 503-947-7980  <b>Web:</b> <a href="http://www.oregon.gov/dcbs/insurance/pages/index.aspx">http://www.oregon.gov/dcbs/insurance/pages/index.aspx</a>	<b>Phone:</b> 888-877-4894   503-947-7984 (Salem area)  <b>Email:</b> <a href="mailto:cp.ins@oregon.gov">cp.ins@oregon.gov</a>  <b>Complaints:</b> <a href="http://dfr.oregon.gov/gethelp/Pages/file-a-complaint.aspx">http://dfr.oregon.gov/gethelp/Pages/file-a-complaint.aspx</a>
Pennsylvania	1326 Strawberry Square Harrisburg, PA 17120  <b>Phone:</b> 877-881-6388  <b>Web:</b> <a href="http://www.insurance.pa.gov/Pages/default.aspx">http://www.insurance.pa.gov/Pages/default.aspx</a>	<b>Phone:</b> 877-881-6388  <b>Complaints:</b> <a href="http://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx">http://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx</a>
Rhode Island	1511 Pontiac Avenue Cranston, RI 02920  <b>Phone:</b> 401-462-9500  <b>Web:</b> <a href="http://www.dbr.state.ri.us/divisions/insurance/">http://www.dbr.state.ri.us/divisions/insurance/</a>	<b>Web:</b> <a href="http://www.dbr.state.ri.us/divisions/insurance/consumers.php">http://www.dbr.state.ri.us/divisions/insurance/consumers.php</a>  <b>Complaints:</b> <a href="http://www.rireach.org/">http://www.rireach.org/</a>

State	Department of Insurance	Consumer Services
South Carolina	<p>1201 Main Street, Suite 1000 Columbia, SC 29201</p> <p><b>Phone:</b> 803-737-6160</p> <p><b>Web:</b> <a href="http://www.doi.sc.gov/">http://www.doi.sc.gov/</a></p>	<p><b>Phone:</b> 803-737-6180   800-768-3467</p> <p><b>Web:</b> <a href="http://www.doi.sc.gov/8/Consumers">http://www.doi.sc.gov/8/Consumers</a></p> <p><b>Complaints:</b> <a href="https://online.doi.sc.gov/Eng/Public/Consumer/Complaint.aspx">https://online.doi.sc.gov/Eng/Public/Consumer/Complaint.aspx</a></p>
South Dakota	<p>124 S. Euclid Avenue, 2nd Floor Pierre, SD 57501</p> <p><b>Phone:</b> 605-773-3563</p> <p><b>Web:</b> <a href="http://dlr.sd.gov/insurance/default.aspx">http://dlr.sd.gov/insurance/default.aspx</a></p>	<p><b>Complaints:</b> <a href="http://dlr.sd.gov/complaints.aspx">http://dlr.sd.gov/complaints.aspx</a></p>
Tennessee	<p>500 James Robertson Pkwy Nashville, TN 37243-0565</p> <p><b>Phone:</b> 615-741-2241</p> <p><b>Web:</b> <a href="https://tn.gov/commerce/section/insurance">https://tn.gov/commerce/section/insurance</a></p>	<p><b>Phone:</b> 615-741-2218   800-342-4029</p> <p><b>Complaints:</b> <a href="https://tn.gov/commerce/article/ins-file-a-complaint">https://tn.gov/commerce/article/ins-file-a-complaint</a></p>
Texas	<p>333 Guadalupe Austin, TX 78701</p> <p>P.O. Box 149104, Austin, TX 78714</p> <p><b>Phone:</b> 512-676-6000   800-578-4677</p> <p><b>Web:</b> <a href="http://www.tdi.texas.gov/">http://www.tdi.texas.gov/</a></p>	<p><b>Phone:</b> 800-252-3439</p> <p><b>Email:</b> <a href="mailto:ConsumerProtection@tdi.texas.gov">ConsumerProtection@tdi.texas.gov</a></p> <p><b>Complaints:</b> <a href="http://www.tdi.texas.gov/consumer/complfrm.html">http://www.tdi.texas.gov/consumer/complfrm.html</a></p>
Utah	<p>3110 State Office Building Salt Lake City, UT 84114</p> <p><b>Phone:</b> 801-538-3800   800-439-3805</p> <p><b>Web:</b> <a href="https://insurance.utah.gov/">https://insurance.utah.gov/</a></p>	<p><b>Phone:</b> 801-538-3890   800-439-3805</p> <p><b>Complaints:</b> <a href="https://insurance.utah.gov/complaint/index.php">https://insurance.utah.gov/complaint/index.php</a></p>
Vermont	<p>89 Main Street Montpelier, VT 05620-3101</p> <p><b>Phone:</b> 802-828-3301</p> <p><b>Email:</b> <a href="mailto:dfr.insuranceinfo@vermont.gov">dfr.insuranceinfo@vermont.gov</a></p>	<p><b>Phone:</b> 802 828-3302   800-964-1784</p> <p><b>Complaints:</b> <a href="http://www.dfr.vermont.gov/insurance/insurance-consumer/fileinsurance-complaint">http://www.dfr.vermont.gov/insurance/insurance-consumer/fileinsurance-complaint</a></p>

State	Department of Insurance	Consumer Services
Virginia	<p>1300 East Main Street Richmond, VA 23219</p> <p><b>Phone:</b> 804-371-9741   800-552-7945</p> <p><b>Web:</b> <a href="https://www.scc.virginia.gov/boi/">https://www.scc.virginia.gov/boi/</a></p>	<p><b>Phone:</b> 804-371-9691</p> <p><b>Web:</b> <a href="https://www.scc.virginia.gov/boi/complaint.aspx">https://www.scc.virginia.gov/boi/complaint.aspx</a></p>
Washington	<p>302 Sid Snyder Avenue SW Suite 200 Olympia, WA 98504</p> <p><b>Phone:</b> 360-725-7171</p> <p><b>Web:</b> <a href="https://www.insurance.wa.gov/">https://www.insurance.wa.gov/</a></p>	<p><b>Phone:</b> 800-562-6900</p> <p><b>Complaints:</b> <a href="https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/">https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/</a></p>
West Virginia	<p>1124 Smith St. Charleston, WV 25301</p> <p><b>Phone:</b> 304-558-3386</p> <p><b>Web:</b> <a href="http://www.wvinsurance.gov/Home.aspx">http://www.wvinsurance.gov/Home.aspx</a></p>	<p><b>Phone:</b> 888-879-9842 Ext. 3864</p> <p><b>Email:</b> <a href="mailto:Consumer.Service@wvinsurance.gov">Consumer.Service@wvinsurance.gov</a></p> <p><b>Complaints:</b> <a href="http://www.wvinsurance.gov/ConsumerAdvocate.aspx">http://www.wvinsurance.gov/ConsumerAdvocate.aspx</a> complfrm.html</p> <p><b>Appeals:</b> <a href="http://www.wvinsurance.gov/HealthcareClaimAppealInformation.aspx">http://www.wvinsurance.gov/HealthcareClaimAppealInformation.aspx</a></p>
Wisconsin	<p>125 South Webster Street Madison, WI 53703-3474</p> <p><b>Phone:</b> 608-266-3585   800-236-8517</p> <p><b>Web:</b> <a href="http://oci.wi.gov/">http://oci.wi.gov/</a></p>	<p><b>Phone:</b> 608-266-3585   800-236-8517</p> <p><b>Email:</b> <a href="mailto:ocicomplaints@wisconsin.gov">ocicomplaints@wisconsin.gov</a></p> <p><b>Complaints:</b> <a href="https://ociaccess.oci.wi.gov/complaints/public/">https://ociaccess.oci.wi.gov/complaints/public/</a></p>
Wyoming	<p>106 East 6th Avenue Cheyenne, WY 82002</p> <p><b>Phone:</b> 307-777-7401</p> <p><b>Web:</b> <a href="http://doi.wyo.gov/">http://doi.wyo.gov/</a></p>	<p><b>Phone:</b> 307-777-7402   800-438-5768</p> <p><b>Complaints:</b> <a href="https://sites.google.com/a/wyo.gov/doi/consumers/consumer-requestfor-assistance/file-a-complaint">https://sites.google.com/a/wyo.gov/doi/consumers/consumer-requestfor-assistance/file-a-complaint</a></p>





**NOTES:**

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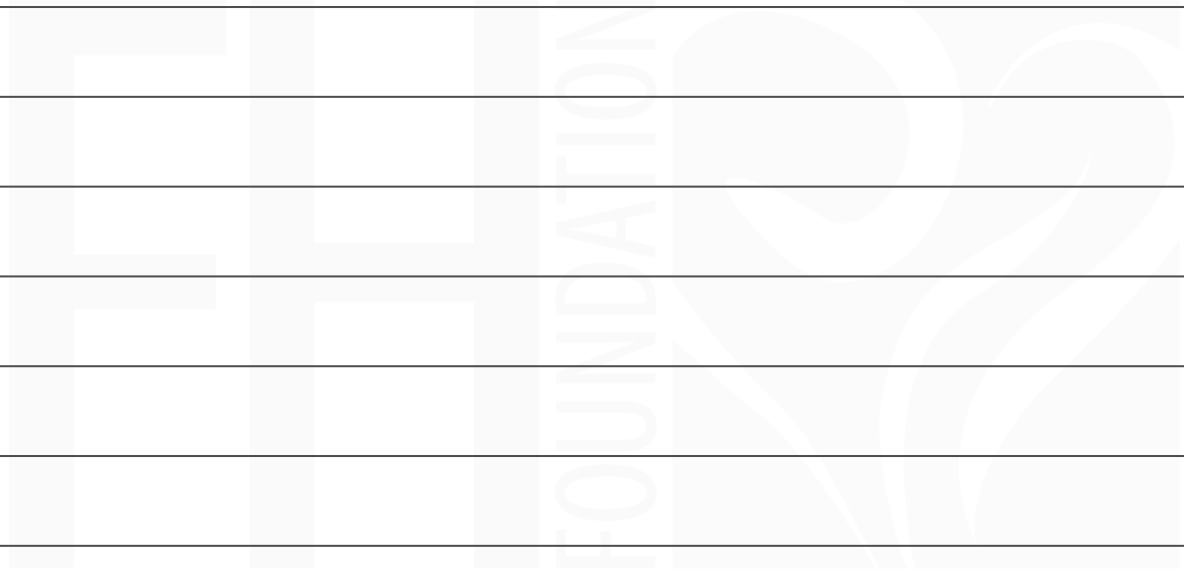
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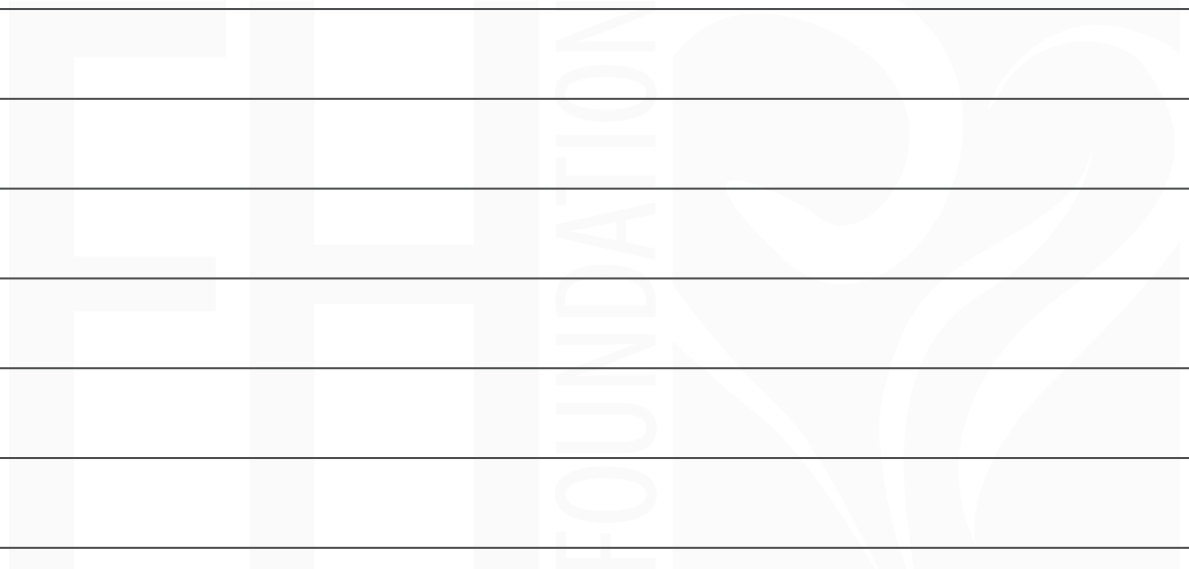
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(626) 583-4674

[info@theFHfoundation.org](mailto:info@theFHfoundation.org)

959 East Walnut Street, Suite 220

Pasadena, California 91106



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[www.theFHfoundation.org](http://www.theFHfoundation.org)