OFFICE of the INSURANCE COMMISSIONER
WASHINGTON STATE

LONG-TERM CARE CLAIMS DENIED
REPORTING YEAR _____
STATE OF Washington
Due March 1st annually

Company Name:
Address:
Phone Number:
NAIC Number:

	State	Nationwide
Total # of claims reported		
Total # of claims denied/not paid		
# of claims not paid due to pre-existing condition exclusion		
# of claims not paid due to waiting (elimination) period not met		
Net # of claims denied		
% of claims denied		
# of claims denied due to:		
*LTC services not covered under the policy		
*Provider/facility not qualified under policy		
*Benefit eligibility criteria not met		
Other		
TOTAL CLAIMS DENIED		

_____
Signature

_____
Print Name and Title

_____
Date