

Trinidad Navarro  
Commissioner



Delaware Department of Insurance

**Regulation 1316 – Form B**  
**Response to Petition for Non-Network Providers of Emergency Care Services Health Care**  
**Reimbursement for Emergency Care Arbitration**

Arbitration Case # \_\_\_\_\_  
*(Office use only)*

Respondent Company Name			
Respondent Address			
Respondent Phone #			
Claimant Name			
Claimant Practice Group			
Claimant Address			
Claimant Phone #			
Name of Policyholder			
Policyholder Address			
Was the policyholder: _____ Patient _____ Spouse _____ Parent or guardian _____ Power of attorney _____ Other			
Date of determination of denial of claim			
Dates of Service	From:		To:
Amount of claim admitted by Respondent	\$ _____		
Briefly describe the basis for your response/objection to the Petition indicating each CPT Code in dispute and attach the notification or explanation that you sent to the claimant. (If needed, attach separate sheet)			
<p><b>Prior to the hearing, it is necessary that you submit the appropriate documents to support your Response to Petition to the Delaware Department of Insurance <u>and</u> to the Claimant.</b></p> <p>Parties may present witnesses on their behalf at the hearing provided that due notice is given. Please list the name, address, and telephone number of all witnesses you expect to appear on your behalf on a separate sheet and attach it to this form.</p> <p>If you have made a settlement offer, how much was it? \$ _____</p> <p>Who will represent you at the hearing? _____ Self _____ Attorney          If an attorney will represent you, please provide the following:          Name: _____ Address: _____          Phone #: _____</p> <p><b>Under Delaware law, any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.</b></p>			
Signature of Respondent's Representative	Date		
Return the original and one (1) copy of this Response to Petition to:	Arbitration Secretary Delaware Department of Insurance 1351 West North St., Suite 101 Dover, DE 19904		
Note: You must also send a copy of this Response to Petition to the Complainant by first class mail, postage prepaid. Use Form C to provide confirmation to the Department that a copy of this Petition was sent to the Complainant. (Forms are available at <a href="http://www.insurance.delaware.gov">www.insurance.delaware.gov</a> .)			