

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY  
STATE OF \_\_\_\_\_

_____	)	
	)	
	)	
<b>Petitioner/Plaintiff,</b>	)	
	)	
<b>Vs.</b>	)	<b>NO.</b> _____
	)	
_____	)	
<b>Respondent/Defendant</b>	)	
	)	

---

**COMPLAINT**

COMES NOW \_\_\_\_\_, Plaintiff, and files this complaint against the Defendant, \_\_\_\_\_, and for cause of action would show unto the Court the following, to wit:

I.

That \_\_\_\_\_ and \_\_\_\_\_ are both adult resident citizens of \_\_\_\_\_ County, \_\_\_\_\_. The Defendant, \_\_\_\_\_, is a \_\_\_\_\_ corporation with its principal place of business being located at \_\_\_\_\_, \_\_\_\_\_. Service of process may be served upon the Defendant by serving its president, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

II.

Plaintiff, \_\_\_\_\_, would show that he purchased a policy of hospital insurance from the Defendant bearing contract number \_\_\_\_\_. That said insurance policy had an effective date of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Plaintiffs would further show

that at all times herein complained of the premium on said policy was paid in full.

III.

On or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ sustained an injury when she sat down on a box that had been left in her car. Plaintiff \_\_\_\_\_ was experiencing severe pain and went to the emergency room of the \_\_\_\_\_ Hospital in \_\_\_\_\_, \_\_\_\_\_ where she was treated and released. Plaintiffs would further show that on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ was still suffering extreme pain in the coccygeal area and went to see Dr. \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_. Dr. \_\_\_\_\_ admitted \_\_\_\_\_ to the \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, where she was confined until the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

IV.

Plaintiff was still undergoing extreme pain in the coccygeal area on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and she went to see her family physician, Dr. \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_. Dr. \_\_\_\_\_ immediately hospitalized \_\_\_\_\_ in the \_\_\_\_\_ Daughters Hospital in \_\_\_\_\_, \_\_\_\_\_ where she was confined until the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

V.

Plaintiffs would show that claims were submitted to the Defendant for the aforesaid hospital confinements and doctor bills. The defendant paid the claims with the exception of the claim from the \_\_\_\_\_ Hospital for \_\_\_\_\_ ordered and medically necessary confinement from the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

VI.

Plaintiffs would show that the Defendant paid the claim to Dr. \_\_\_\_\_, \_\_\_\_\_'s attending physician who ordered her hospital stay in the \_\_\_\_\_ Hospital but refused to pay said hospital claim in the amount of \$\_\_\_\_\_. Plaintiffs would further show that a pre-certification of \_\_\_\_\_'s hospitalization was obtained from the Defendant.

VII.

Plaintiff \_\_\_\_\_ contacted the Defendant on several occasions concerning their non-payment of her hospital claim and was led to believe that the claim would be paid. Finally on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, six months after her hospital confinement to the \_\_\_\_\_ Hospital, Plaintiffs received a letter from the Defendant signed by \_\_\_\_\_, legal counsel, stating that an outside consulting physician's opinion was that her hospitalization was not medically necessary.

VIII.

Plaintiffs would show that \_\_\_\_\_ was admitted to \_\_\_\_\_ Hospital upon the orders of Dr. \_\_\_\_\_, a licensed physician in the State of \_\_\_\_\_. \_\_\_\_\_ was not physically seen by the defendant's outside consulting physician.

WHEREFORE, PREMISES CONSIDERED, Plaintiff demands judgment of and from the Defendant in the amount of \$\_\_\_\_\_ actual damages and \$\_\_\_\_\_ punitive damages for the willful, wanton and malicious actions of the Defendant in refusing to pay Plaintiff \_\_\_\_\_'s just and medically necessary hospital confinement claim to the \_\_\_\_\_ Hospital.

Respectfully submitted,

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Title:

Address:

Address:

City, State, Zip:

Phone:

Fax:

E-Mail:

Attorney No.:

### **CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, do hereby certify that I have this day mailed,  
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing to  
\_\_\_\_\_, at the following address;

\_\_\_\_\_

THIS the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_