
29 C.F.R. § 2590.716-7

Complaints process for surprise medical bills regarding group health plans and group health insurance coverage.

(a) *Scope and definitions*—(1) *Scope*. This section establishes a process to receive and resolve complaints regarding information that a specific group health plan or health insurance issuer offering group health insurance coverage may be failing to meet the requirements under subpart D of this part, which may warrant an investigation.

(2) *Definitions*. In this section—

(i) *Complaint* means a communication, written or oral, that indicates there has been a potential violation of the requirements under subpart D of this part, whether or not a violation actually occurred.

(ii) *Complainant* means any individual, or their authorized representative, who files a complaint as defined in paragraph (a)(2)(i) of this section.

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