

**RCW 48.83.090 Denial of claims—Written explanation.** All long-term care denials must be made within thirty days after receipt of a written request made by a policyholder or certificate holder, or his or her representative. All denials of long-term care claims by the issuer must provide a written explanation of the reasons for the denial and make available to the policyholder or certificate holder all information directly related to the denial. [2013 c 8 § 1; 2008 c 145 § 10.]