INSURED AMERICAN & FAMILY

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Claims & Appeals, How to Fight Back

What to do when insurance denies your claim

A claim denial is not the final answer. Here's how to push back, and win.

WHAT IT IS

A **claim** is a request from your provider (or you) to your insurance company for payment of a covered service. Insurance can approve, deny, or partially pay. When they deny, fully or partially, you have a legal right to **appeal**. Many appeals succeed when the denial has merit.

THE FOUR LEVELS OF APPEAL

1 Internal Appeal
Written appeal to your insurance carrier. Federal response timeframes apply.

2 External Review
Independent third-party review. Insurance must comply with the result.

3 State Insurance Department
Complaint to your state DOI. Useful for bad-faith denials or patterns.

4 Legal Action
Last resort. ERISA plans have separate rules. Consult an attorney for high-value disputes.

HOW TO ACTUALLY APPEAL

- Read the denial letter carefully, and get your doctor involved. Their documentation wins appeals.
- Submit within the deadline (usually **180 days** from denial).
- Keep every paper, denial letters, EOBs, bills, correspondence.

THE 3 THINGS PEOPLE GET WRONG

1 "Once denied, always denied."
Many claims get overturned on appeal. Don't give up after the first "no." Each level of appeal is a fresh review with new evidence.

2 "Appeals take too long to be worth it."
Federal law sets time limits. Internal appeals typically take 30 to 60 days. Worth it for any significant claim.

3 "I need a lawyer to appeal."
Most appeals can be handled by you with help from your doctor's office. Lawyers come into play for large, complex, or ERISA-related cases.

ALWAYS APPEAL DENIED HIGH-DOLLAR CLAIMS:
Even if you lose, you'll know exactly why, and what to fix next time. Worst case, you've documented the dispute.

Concerned your plan will deny your claim?

Call or text Craig, I'll help find the best plan that fits your medical and financial needs.

Don't go underinsured when you can be Insured AF.

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