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## Fight Your Health Insurer—and Win

Find out how to change a “no” from your insurance company to a “yes”

By [Michelle Crouch](#) Posted December 15, 2009 from [WomansDay.com](#)

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If you have health insurance, chances are that at some point your insurer will reject a legitimate [medical](#) claim. Once you get that denial letter, it can be tempting to give up, especially if you're already dealing with a serious illness, but don't. The denial might be based on something as simple as a missing document or an incorrect diagnosis code. Even if it's more complicated, experts estimate that patients win on appeal more than half the time.

“People get a letter of denial and they think it's too expensive, too technical or too time-consuming to fight,” says Bill Shernoff, an attorney from Claremont, California, who has battled health insurers for years. “It's the biggest mistake people make, and it's what insurance companies are counting on.” Whether you have a traditional insurer, a PPO or an HMO, here's what to do the next time your [insurance company](#) says no:

### **1. Get a reason for the denial in writing.**

You should also ask for the file on the claim and any other information the insurer used to make the decision, says Jennifer Jaff, founder of Advocacy for Patients with Chronic Illness, a nonprofit group that helps fight insurance denials. “Having that information is critical,” Jaff says. “If you're trying to get an MRI, for example, they probably have a policy specifying when they will cover one. You need to see that policy, so in your appeal you can say how you met their criteria.”

**2. Get a copy of the policy.** Sometimes called the “certificate of coverage” or “summary plan description,” this form can be obtained from your human resources department or directly from your insurer. Check it to see if the stated reason for your denial matches the policy language. Then look for anything that would justify an exception. Most policies, for example, provide an exception when the patient's condition is life-threatening.



Photo: © iStockphoto

**3. Ask your employer benefits office to help.** They have more leverage, because they're the ones who eventually decide whether to renew your company's contract with the insurer. See if your human resources rep will make a call or write a letter on your behalf.

**4. Enlist your doctors.** Ask your doctor and any specialists you see to write letters to the insurance company. They should include information about your specific illness and explain why the treatment is medically necessary. "If the treating doctor goes to bat for the patient, that will make the insurance company at least sit up and take notice," Shernoff says.

**5. File a written appeal.** Start with a succinct, unemotional cover letter that lays out specific evidence countering the stated reasons for the denial. Include data, such as test results and medical records that verify your condition, as well as other treatments you've tried that haven't worked. If the insurer is arguing that the treatment is "experimental," cite published studies that prove its effectiveness. (Ask your doctor to help you find those, or search for them yourself on [PubMed.gov](http://pubmed.gov).)

**6. Call to follow up.** Make a copy of your appeal, then send it (by certified mail with a return receipt) to your insurer within the specified time frame, typically 30 to 60 days from the date on the denial letter. If you want an answer in a hurry, call about two weeks later to confirm that they have everything they need, says Beth Darnley, who oversees patient programs for the Patient Advocate Foundation. "You don't want to drive them crazy by calling every day," Darnley says. "But you also don't want them to contact you after a month and say, 'We're just looking at your package and we need you to send X, Y and Z.'"

**7. Get outside help.** If your [health plan](#) turns down your appeal, most states have laws that allow you to seek an independent medical review. If there's a large sum of money at stake, consider hiring a lawyer —ideally, one who will take your case on a contingency basis.

#### Where to Get Help:

**Advocacy for Patients with Chronic Illness** is a nonprofit that helps patients battle for [insurance coverage](#) without charging a fee. Its website includes sample appeal letters and an in-depth guide on fighting a denial. [AdvocacyforPatients.org](http://AdvocacyforPatients.org)

**Patient Advocate Foundation** is another nonprofit that offers free assistance to patients battling insurers. [PatientAdvocate.org](http://PatientAdvocate.org)

**Consumer's Union** guide to handling disputes with your plan. [KFF.org](http://KFF.org)

**Your state's insurance department.** Many states have a healthcare advocate, legal aid society or managed care official who can help you fight your insurer.

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