

Don't agree with a health insurance decision?

You may be able to file an appeal

The health insurance process can be overwhelming and frustrating. Sometimes it's hard to know how to get help if you don't agree with a decision your insurance company made about your coverage. Here are some tips.

Appeal to your health insurance company

What is it?

A request you make to your health insurance company to change its decision about your plan coverage

What decisions can I appeal?

If your health insurer makes a decision you think is wrong, call the company to make sure you understand their decision. You may be able to fix the issue by phone.

If they don't fix the issue, file an appeal. Common decisions to appeal include:

- Denying a referral to see a specialist
- Denying payment for a service, especially if it's a service your Summary of Benefits and Coverage (SBC) says is covered
- Saying services aren't "medically necessary" even though your doctor says they are
- Wanting you to pay a bill with a mistake, such as a bill that doesn't show a co-pay you already paid
- Charging costs as if a doctor or facility is not in your plan network, even when they're listed as in-network
- Terminating (ending) your coverage



Tip:

You should file an appeal only if you believe your insurance company made a mistake with your decision. You should not file an appeal just because you don't like the decision.

How do I file the appeal?

Find instructions for appeals on your insurer's website. They may vary for different insurers, but usually you should:

- Find out how long you have to file an appeal
- Read full details of your plan by getting a copy of the complete insurance policy. Get it by calling the insurance company or finding it on their website.
- Mail a brief appeal letter, along with copies of any supporting documents, to your insurance company



Tip:

- Make your letter brief and polite, clearly stating why you think their decision is wrong
- Include copies of any documents that help prove your case, such as a letter from your doctor. Keep copies of all documents, and take notes when you talk to anyone.

Appeal to your health insurance company

What happens after I file?

The insurance company will send you a letter with their decision. The letter will tell you how to ask for a 2nd review if the company didn't change its decision.

Learn more

- Oklahoma Employee Benefits Department: www.ebd.ok.gov/Benefits/Pages/default.aspx
- Oklahoma State Benefits Coordinators: www.ebd.ok.gov/Benefits/State-Benefits-Coordinators/Pages/OK-State-Agency-BCs.aspx

