
HOW TO FILE A HEALTH INSURANCE APPEAL

If your health insurer refuses to pay a claim, you have the right to appeal. This pertains to denials for many preventive care services such as blood pressure screening, diabetes screening, and tobacco cessation.

If your claim is denied, you can ask that your insurance company reconsider its decision (appeal the decision). Insurers have to tell you why they've denied your claim or ended your coverage. And they have to let you know how you can dispute their decisions.

TWO TYPES OF APPEALS:

- **Internal appeal:** If your claim is denied or your health insurance coverage cancelled, you have the right to an internal appeal. You may ask your insurance company to conduct a full and fair review of its decision. If the case is urgent, your insurance company must speed up this process.
- **External review:** You have the right to take your appeal to an independent third party for review. This is called external review. External review means that the insurance company no longer gets the final say over whether to pay a claim.

TO FILE AN INTERNAL APPEAL:

- Complete all forms required by your health insurer. Or you can write to your insurer with your name, claim number, and health insurance ID number.
- Submit any additional information that you want the insurer to consider, such as a letter from the doctor.

You must file your internal appeal within 180 days (6 months) of receiving notice that your claim was denied. If you have an urgent health situation, you can ask for an external review at the same time as your internal appeal.

If your insurance company still denies your claim, you can file for an external review.

EXTERNAL REVIEW:

- **You file an external review:** You must file a written request for an external review within 60 days of the date your insurer sent you a final decision. Some plans may allow you more than 60 days to file your request. The notice sent to you by your health insurance issuer or health plan should tell you the timeframe in which you must make your request
- **External reviewer issues a final decision:** An external review either upholds your insurer's decision or decides in your favor. Your insurer is required by law to accept the external reviewer's decision.

You can also file a complaint with the Georgia Department of Insurance (DOI) online at <http://www.oci.ga.gov/ConsumerService/complaintprocess.aspx>

- DOI they will send a copy of your complaint to the company it is against and request a detailed response.
- They will also determine if the issue was handled properly, review your file to determine if there was any violation of insurance laws, and take enforcement actions if laws are violated
- Even if DOI is unable to resolve the complaint, your complaints and inquiries help DOI to assist other Georgians by identifying issues of concern and may help identify potential problems with insurance companies. Their involvement can also cause insurance entities to look more closely at your concerns.

Should you have any questions, please reach out to Georgians for Healthy Future's Consumer Education Specialist Whitney Griggs who can be reached at WGriggs@healthyfuturega.org or at 404-220-8374.

Georgians for a Healthy Future provides a strong voice for Georgia consumers and communities on the health care issues and decisions that impact their lives.