When Your Insurance Company Doesn't Pay

Guide to insurance for mental health care.

Your Rights

When an insurance company denies a claim, you have several options. First, the company must provide you a written reason for the denial. This will often be printed on your "explanation of benefits" that comes in the mail (or online). Look at the small print — it's not always easy to find.

Sample: Explanation of Benefits (EOB)

What You Can Do

1. Try to Resolve the Issue With the Company

When you receive a claim denial, you may be able to resolve the issue directly with your insurance company, especially if the denial was a simple mistake. Start with a phone call.

2. File a Grievance With Your Insurance Company

If you can't resolve your claim issue, your next option is to file a grievance through your insurance company. You should be able to find information about this process on your explanation of benefits, online or over the phone. Typically the review process will take about 30 days.

3. File a Complaint With State Regulators

Every state has several regulators who oversee all the insurance plans in-state. When your insurance company won't resolve your claim or won't provide adequate care, you can file an official complaint or request an independent medical review from state regulators. Depending on your complaint, it may result in an insurance company having to pay your claim or action against the company for violating the law. You must file an official complaint with your insurance company before you can complain to the state.

File a State Complaint

To file a complaint or request an independent medical review, most are handled through the Department of Managed Healthcare (DMHC). You can learn more here:

http://www.dmhc.ca.gov/ FileaComplaint.aspx

To file a Medicare appeal, visit Medicare.gov.

Get Help

For additional assistance working with your insurance company to resolve coverage issues, the Health Consumer Alliance (HCA) may be able to help.

HealthConsumer.org
888-804-3536