

HOW TO WRITE AN APPEAL LETTER

1. Personal information
2. Policy number
3. Claim number
4. Reason for appeal
5. Explanation of why denial is incorrect
6. Supporting evidence
7. Clear request for appeal



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DONE BEING DENIED

is a nonprofit organization dedicated to helping individuals navigate the complex and overwhelming process of appealing health insurance denials. When coverage for life saving care is denied, the consequences can be life-altering or even deadly.

DBD provides free and compassionate support to patients, families, and caregivers by guiding them through every step of the appeals process. Access to medically necessary care is a human right and should not be left up to a middleman.



IT'S TIME TO TAKE BACK YOUR CARE

10 step guide to appealing health insurance denials



1. Why Was The Claim Denied?

Carefully review the denial letter, and/or Explanation of Benefits (EOB) and look for:

- The listed reason for denial
- The deadline to appeal
- Instructions for filing an appeal

2. Gather Documents

Collect all documents related to the case such as:

- Medical records
- Doctor's notes
- Test results
- Referral or prior authorization
- The denial letter
- Your insurance policy/
Summary of Benefits & Coverage

3. Call The Insurance Company

Before filing a formal appeal:

- Ask for a detailed explanation of the denial
- Confirm whether it was a billing error or missing info
- Request guidance on what documentation is required

4. Collaborate With Doctors

Ask them to write a letter of medical necessity containing:

An explanation of why the treatment/ service is essential and provide supporting clinical evidence or guidelines.

5. File An Internal Appeal

Follow the appeal instructions explained in the denial letter

Submit in writing after making copies for a personal record

Include in writing:

- Appeal letter, define why the denial should be appealed
- Doctor's letter
- Medical records

6. Keep Track Of Deadlines

Plans give 180 days to file an appeal

Urgent cases can request an expedited appeal which provides a decision within ~72 hours

REMEMBER

Insurance wants you to give up and accept less to save them money at the cost of your health.

7. If Denied Again, Request An External Review

If the internal appeal fails, patients have the right to an independent external review.

Found through state insurance department or healthcare marketplace

Fill out paperwork and submit all documentation

8. File A Complaint

If unfair treatment is suspected:

Contact the state insurance department
Or file a complaint with Centers for Medicare & Medicaid Services (CMS) for marketplace plans where they can investigate the insurer and help push the case forward

9. Consider Professional Help

For complex or expensive cases:

- Patient advocates
- Medical billing advocates
- Healthcare attorneys

10. Stay Organized

Keep a document containing:

- Dates of calls
- Names of representatives
- Copies of all documents