

# Insurance Appeal Guide

## What to do when your insurance denies coverage

Insurance denials can be frustrating and overwhelming, especially when a treatment or medication has been recommended by your healthcare provider. This guide provides a simple overview of steps patients can take to appeal an insurance decision and advocate for the care they need.

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## Step 1: Understand the Reason for the Denial

Review the denial notice carefully. Insurance companies must provide a reason for denying coverage.

Common reasons include:

- Prior authorization was not obtained
- The treatment is considered not medically necessary
- The medication is not on the formulary
- Out-of-network provider
- Missing documentation

Write the denial reason here:

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## Step 2: Gather Supporting Information

Before submitting an appeal, collect the documents that support your case.

- Copy of the denial letter
- Medical records related to the condition
- Doctor's notes explaining the need for treatment
- Test results or diagnostic reports
- Medication history (if applicable)

Notes:

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## Step 3: Speak with Your Healthcare Provider

Your doctor or specialist may need to help support the appeal.

Ask your provider about:

- Writing a **Letter of Medical Necessity**
- Providing additional medical documentation
- Submitting a prior authorization request if required
- Contacting the insurance company directly

Notes:

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## Step 4: Submit a Formal Appeal

Insurance companies typically have a formal appeal process. Instructions are usually included in the denial letter.

Steps to take:

- Complete the appeal form (if provided)
- Write an appeal letter explaining why the treatment is necessary
- Include supporting medical documentation
- Submit the appeal before the deadline

Deadline for appeal:

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## Step 5: Follow Up

After submitting an appeal, stay organized and track communication.

- Keep copies of all documents submitted
- Record the date the appeal was sent
- Track phone calls with the insurance company
- Request written confirmation of appeal receipt

Notes:

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# Sample Insurance Appeal Letter

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number (if available): \_\_\_\_\_

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for the following treatment or medication:

\_\_\_\_\_

My healthcare provider has recommended this treatment because:

\_\_\_\_\_

This treatment is medically necessary for managing my condition. Supporting medical documentation from my healthcare provider is included with this appeal.

I respectfully request a reconsideration of this decision.

Thank you for your time and attention.

Sincerely,

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

# Important Reminder

Patients have the right to **appeal insurance decisions**, and many appeals are successful when additional medical documentation is provided.

Do not hesitate to ask your healthcare provider for support during the process.

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Alpha Health Alliance

[www.alphahealthalliance.org](http://www.alphahealthalliance.org)

This guide is intended to provide general educational information to support patients navigating healthcare systems. It does not replace professional medical, legal, or insurance advice.