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Prepared: 06/01/10

**Notice to Patients of Options Available upon**

**Insurance Companies Refusal to Pay a Claim**

TO: Patient

FROM: Doctor

DATE:

We wanted you to be aware that insurance companies often deny coverage for treatments they determine are not “medically necessary”. This term has vague standards and is subject to case-by-case interpretation by each insurance company. Remember, you have the right to fight for the most coverage for your insurance dollar. We suggest the following matters in connection with any appeal over “medical necessity”:

1. Be prepared to defend your claim.
2. Once you’re notified of a denial, check over all paperwork submitted for errors. If the doctor’s office filed the claim on your behalf, ask for copies. A simple letter to your insurance company may clear up the problem quickly.
3. Ask for your doctor’s support. Many denials by insurance companies are impossible to contest without your doctor’s active help. Keep your doctor notified of your actions and results.
4. Take thorough notes about all phone calls or meetings with the insurance company.
5. Put your policy claim numbers on all correspondence.
6. Keep copies of all correspondence and paperwork you send.
7. Ask your employer’s benefit planner or your agent to explain your plan’s definition of “medically necessary”.
8. Have your agent or benefits planner help you contact plan officials.
9. Write to the insurance company and the claim reviewer handling your claim. Explain why you feel the treatment you are receiving is medically necessary.
10. If you are informed your claim is to be reviewed, find out by whom and his/her qualifications. A chiropractor should review the treatment rendered by a chiropractor, a neurosurgeon should review the treatment rendered by a neurosurgeon, etc. It is our position that a nurse or claims reviewer is not qualified or licensed to review care rendered by a physician and a physician should only review other doctors of their same specialty or field, in other words, “within the scope of practice”.
11. Find out what information the person performing the review has at his/her disposal. Has this person met with you, examined you, etc.? If not, has information been requested from your treating physician? Who will be paying the administrative costs involved in your doctor’s preparation of this information?
12. Write to the Commissioner of Insurance office and file a complaint if you are not satisfied with the actions and answers of your insurance company. The current address and telephone number for the Office of the Commissioner of Insurance is: 125 South Webster Street, Madison, Wisconsin 53703-3474; (608) 266-3585, Madison; (800) 236-8517, statewide.
13. Consider legal action if you have exhausted all other resources. This office occasionally provides the option of having a patient sign a form known as an “Assignment of Rights”. This form authorizes this office to act on your behalf in pursuing the claim. We would be pleased to provide you with a copy of that form for review by you or your legal representative.
14. Never assume that non-payment by your insurance company is the problem or fault of your doctor. The insurance policy is a contract between you and your insurance company. If your insurance company fails to assume responsibility for payment of your chiropractic healthcare treatment, it is our office policy to ultimately expect payment from you. As such, we will do everything possible to work with you in arranging suitable payment plans that meet your economic situation. We want to work fully with you to insure that insurance companies pay all that they are legally contracted and responsible to pay on your behalf.

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