



Credit Card Relief™

WINTER 2010 ISSUE

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THE NEXT TIME YOUR HEALTH INSURANCE COMPANY SAYS “NO!”



“Baby, it’s cold out there!”

Medical insurance is on everyone’s mind these days as Congress debates a National Health Care bill. It is hard, however, for most people to relate to such a convoluted and confusing subject. While our government wrestles with this massive issue on the grand scale that is national politics, most of us are stuck down here in the trenches having to deal with the 3 “C’s” of health insurance: Cost, Coverage, and Claims.

We here at Credit Card Relief™ may not be able to do anything about two of those “C’s”: Cost and Coverage. But we can offer some useful advice on that third “C”: Claims.

At one time or another, most people have had a legitimate medical claim rejected by their insurance company. Once that “denial letter” comes, it is very tempting to just give up. After all, insurance companies are just too big, too powerful, too rich to fight, right? Wrong! The insurance companies want you to feel too intimidated and too “small” to challenge their decisions. But the truth of the matter is very different. There is clear evidence showing that over half of all claims that were initially denied and that were then challenged by the claimant were reversed and ended up being covered.

So, whether you have traditional insurance, or PPO or HMO insurance through your employer, the next time your insurance company says “No!”, here is what you should do:

1. **GET IT IN WRITING:** Most insurance “denials” simply come on a form with a “code” for the reason for the denial. Contact the insurance company and demand to be sent a reason for the denial spelled out clearly in writing. And also demand that they provide you with a complete copy of the file they have on you relating to the claim, as well as a copy of any company policy that relates to the claim. (E.g., if your claim involves physical therapy, what is their policy on covering physical therapy: who can do it, how frequently can it be done, etc.)

And get a copy of what is called either the “Certificate of Coverage” or the “Summary Plan Description”. This form can be obtained either from your insurance company directly or through your employer’s HR department.

With these tools in your hands you can check to see if the stated reason for the denial actually matches company policy. And it allows you to look for exceptions to that policy that could be to your advantage.

2. **GET “INSIDE” HELP:** Ask your employer’s HR department to assist you in any way they can – that’s what they are there for. And they are in a unique position to apply pressure that the insurance company may listen to because, bottom line, your HR department is the one who will either renew their insurance plan with that carrier or go somewhere else.

And talk to your doctor and any specialists that are involved. Get them involved on your behalf. See if they would write letters to the insurance company outlining all the reasons why that procedure was medically necessary. Such a letter from your doctor or specialist is hard for any insurance company to ignore.

3. **APPEAL:** File a written appeal – and this normally has to be done within 30 to 60 days of the date on the “denial” letter. Make sure your cover letter is unemotional, to the point, and clearly states the specific evidence that you have that you maintain refutes their reasons for denying your claim. Then attach copies (never send them the originals!) of all your documentation: letters from doctors, test results (including MRIs and X-rays) and medical records that confirm your condition, treatments that you have received that haven’t worked, a chronological history of the condition covered by the claim, etc. Get the correct address and person’s name to send the appeal to. This is critical – you don’t want your letter getting shuffled around inside a big insurance company because it wasn’t addressed to the right person. Keep the original for your records and mail a copy to them via “certified with return receipt requested”.

Then, usually after 10 to 14 days, make sure you make a personal follow-up call to them to confirm that they got your letter of appeal. Ask them what the procedure is now – how long the review should take, do they require any other documentation, etc. Make subsequent follow-up calls, based on the review time frame they gave you. You don’t want to “annoy” them by calling every couple of days....but you do want to keep your case in front them, “on top of the stack” so to speak, and actively being reviewed.

4. **GET “OUTSIDE” HELP:** If your insurance carrier turns down your appeal, most states have laws that will allow you to seek independent medical reviews of your case. If there is a large sum of money involved with your claim, consider hiring an attorney – preferably one who will take your case on a “contingency” basis.

In addition, there are several places you can go “on-line” for help:

ADVOCACY FOR PATIENTS WITH CHRONIC ILLNESS (www.advocacyforpatients.org) where patients can get free information, advice and advocacy services.

PATIENT ADVOCATE FOUNDATION (www.patientadvocate.org) another non-profit that offers free assistance with insurance claims appeals.

KAISER FAMILY FOUNDATION (www.kff.org) provides guides to handling disputes with health insurance plans.

AND....your own state’s insurance department: most states have a “healthcare advocate”, legal aid society, or managed care official who can help you in your battle with your insurance company.

Hopefully, these “pointers” will prove helpful should the need ever arise. And, as always, should you have any questions about your enrollment in Credit Card Relief™, there are many ways to contact us using the information below.

Call us at: 1-866-241-3328 ~~ Email us at: ccare@ccrnw.com ~or~ Fax us at 1-317-610-4058

Professional Services Department

Credit Card Relief™ Preferred Financial Solutions, Inc. 5656 W. 74th Street Indianapolis, IN 46278

Thank you for your trust and confidence in Credit Card Relief™. We look forward to the day when your name is added to our growing list of Credit Card Relief™ graduates.

If you have any questions or problems, do not hesitate to contact the Professional Services Department at 1-866-241-3328.