

You can submit an appeal if you have received a written denial of coverage or payment. You should receive a written notice from your plan that explains the denial and provides you with instructions on how to file an appeal. If you do not receive a notice, contact your plan for more information.

What Is The Deadline For Submitting An Appeal?

You must submit an appeal within 180 days of the date of your notice of denial. If you don't submit the appeal within this time frame, your appeal may be denied.

How Do I Submit An Appeal?

You can submit an appeal by mail, fax, or email. You should include the following information in your appeal:

- Your name and address
- Your plan ID number
- The date of the denial notice
- A copy of the denial notice
- A detailed explanation of why you disagree with the decision
- Any additional information to support your appeal
- Your signature

Exceptions

If you need an expedited appeal, you can contact your plan to discuss this option. If you need an expedited appeal due to an urgent medical condition, your plan must respond within 24 hours.

Tips

- Make sure to include all of the necessary information in your appeal.
- Keep a copy of your appeal for your records.
- Don't hesitate to contact your plan if you need assistance with the appeal process.
- Follow up with your plan if you don't receive a response to your appeal within a reasonable amount of time.
- Consider hiring a lawyer if you need help with your appeal.

Once The IRO Decides

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