

If you receive a denial of your claim, make sure to review the denial letter to understand why your claim was denied. If you still have questions, contact Northwind Health Plus customer service at 1-800-123-4567.

Finally, if you are filing a claim for a service that has already been paid for by another insurance company, make sure to include a copy of the Explanation of Benefits (EOB) from the other insurance company. This document should include the date and type of services provided, the diagnosis, and the service codes.

By following the tips outlined above, you can ensure that your claim is filed on time and that you receive the benefits you are entitled to. If you have any questions about the claims process, contact Northwind Health Plus customer service at 1-800-123-4567.

## COMPLAINTS AND APPEALS

### What You Can Appeal

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When you receive a denial of a claim or service under Northwind Health Plus, you have the right to appeal. This means you can challenge a decision made by Northwind Health Plus or your provider. You can appeal a coverage decision, including a denial of a claim, a denial of service, a determination of medical necessity, or a determination of out-of-network coverage. You can also appeal a payment decision regarding the amount of payment or the balance billed.

It is important to note that you may only appeal a decision made by Northwind Health Plus or your provider. You cannot appeal a decision made by your employer.

Here are some tips and exceptions to help you understand the appeals process.

- You must file your appeal within 60 days of the date of the denial letter or other written notification from Northwind Health Plus, unless Northwind Health Plus has given you more time.
- You should include all relevant medical and other information with your appeal. This may include medical records, test results, and/or other supporting documents.
- Northwind Health Plus will review your appeal and notify you in writing of their decision. The decision must be made within 30 days of receipt of your appeal.
- If Northwind Health Plus does not make a decision within the 30 day timeframe, you may consider the appeal to be denied and may file an external appeal to the California Department of Managed Health Care.