

If you are not satisfied with the outcome of your appeal, you may be able to pursue a second level of appeal. You may also be able to file a complaint with your state insurance department if you believe that your rights have been violated.

It is important to remember that Northwind Health must provide you with the specific reason for your denial in writing, and must provide you with appeal rights in writing. The appeal process may require you to submit additional information, so it is important to make sure that you provide all relevant information. Additionally, you may also want to consider consulting an attorney or other qualified professional if you believe that your rights have been violated.

When filing an appeal, it is important to keep accurate records of all communication and correspondence. This includes any letters or forms that you submit, as well as any responses that you receive from Northwind Health. Additionally, you should consider keeping copies of any medical records, documents, or other information that may be relevant to your appeal. This will help to ensure that your appeal is handled properly and that you receive a fair and timely response.

Overall, it is important to remember that you have the right to appeal any denied services or payments under your Northwind Standard plan. This process can be complex, so it is important to make sure that you understand your rights and the appeals process. Additionally, if you are not satisfied with the outcome of your appeal, you may be able to pursue a second level of appeal or file a complaint with your state insurance department.

Appeal Levels

COMPLAINTS AND APPEALS

At Contoso, we understand that there may be times when you are not satisfied with the service provided by Northwind Health. When this happens, Contoso wants to ensure that you have the opportunity to voice your concerns and appeal a decision. Northwind Health has a three-level appeals process that allows you to dispute coverage decisions and claim denials.

Level 1: Initial Appeal

If you disagree with a coverage decision or claim denial from Northwind Health, you can submit a written appeal within 60 days of receiving the decision. This first appeal must be submitted directly to Northwind Health. The appeal must include a detailed explanation of why you believe the claim should be covered and any supporting documentation.

If you need assistance with your appeal, you can contact Contoso's Human Resources department for guidance.

Level 2: External Review

If your initial appeal is denied, you can request an external review from the North Carolina Department of Insurance. This review is conducted by an independent, third-party