



## What To Do When Your Insurance Claim is First Denied

When you first get an insurance denial, we advise that you:

STOP

BREATHE

STAY CALM

The insurance companies count on you to overreact and respond quickly, and that plays into their hands.

What you need to do is to take a moment and realize that insurance companies deny claims for no good reason – all the time. It's so common, it's shameful. And in Michigan, there's no penalty for an insurance company that acts in bad faith. They know they can get away with denying claims for no reason at all.

When they deny your claim, it's important that you take a moment so that you can give yourself the best chance of beating the denial.

### **Get it in writing**

If you don't have your denial in writing, you should ask for it in writing. It is best to communicate with the insurance company solely in writing. If you communicate with them in phone calls, for example, they can take notes based on their own interpretation of what was said. By communicating in writing, the information will be in the record.

When they send you a denial of benefits, whether it's life insurance or disability or medical insurance or anything else, they typically have to tell you a couple of things:

1. The period of time you have to appeal the denial.
2. A statement letting you know that you can have access upon written request to all of the documents relevant to your claim.

### **Get the claim documents**

Request in writing all the documents relevant to your claim right away by contacting the claim handler who signed your denial letter. For example, you may simply write, "Please send me all the documents relevant to my claim so that I can start working on my appeal."

Insurance companies typically have 30 days to send you the documents. They could send the documents in paper form, or in electronic form. Or they could tell you that here's a link on some website where you can get them.

Make sure you secure a copy of the documents if you are accessing them on someone else's website or by a secure link. They should be in your possession.

### **Save all documents**

Make sure you keep all the documents you have been sent, or will receive in the future. Sometimes insurance companies will send you something that looks like a bill, but in fact is an explanation of benefits, or something similar to that.

Don't throw those away. Don't throw anything away. Keep them in a box without sorting them if you have to, but just don't throw them away. Those documents can be very important to us if we end up handling your claim.

### **Keep your doctors**

If you are dealing with a situation that involves medical care, find a way to continue your treatment. Giving up on your own health is not something you should do.

### **Contact a lawyer**

Once you have received the relevant documents from the insurance company, you should contact a lawyer, like me, who handles these types of claims. We'll walk you through all the steps - but getting those documents is the first thing.

People who do their own appeals frequently lose them simply because they don't know the ins and outs of the law. They may be told by the insurance company that all they need to do is send a letter with an explanation of what you think is wrong. And if that's all you do, you're going to lose your appeal.

You might send the insurance company an authorization that allows them to get all your medical records, but later on they'll say they didn't get your medical records. They may say that you were responsible for actually sending the medical records. If you simply say you sent them the authorization, they can say that you were supposed to send the medical records under the law. And you lose.

There are so many reasons you can lose an insurance claim, it's dizzying.

But don't lose hope. If you have a valid claim, you should pursue it, and most of the time, you will receive your rightful benefits.