



I Can Beat Up Your Insurance Company

*Just Ask Anthem Blue Cross, Blue Shield of
California, Health Net, Kaiser, Aetna and
United Healthcare*

Everything You Need to Know About Fighting a Health Insurance Denial

**In this eBook, I will teach you how to fight a
health insurance denial efficiently and effectively.**

Do you feel like you've been stabbed in the back by your health insurance company?

When you've spent years paying health insurance premiums only to have treatment denied when you actually need it can be very discouraging. After all, the reason you have insurance in the first place is to get medical help when you need it. You may be running through all kinds of scenarios in your head. What if you never get the treatment? Will you get sicker or have more pain? Will your child be impacted for life not receiving necessary treatment while young? Will you be able to pay the medical bills if insurance doesn't cover them? Will you get so impaired you cannot work and lose your job?

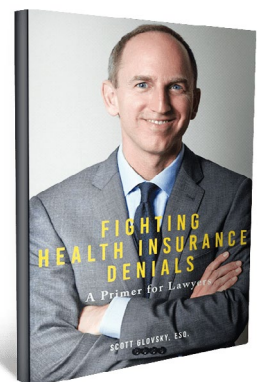
Dealing with an insurance company can be very frustrating.

Most insurance companies are large and impersonal corporations. Dealing with them can be frustrating. You may spend hours on the phone and feel like you are getting the runaround. You may feel betrayed, powerless, and that no one is listening to and helping you. Or that you are not making any progress.

Everything you need to know about fighting a health insurance denial.

This eBook is intended to help you in this process. The Law Offices of Scott Glovsky focuses on health insurance. In fact, Scott Glovsky wrote the book used by attorneys across the country called, "[Fighting Health Insurance Denials: A Primer for Lawyers.](#)"

This eBook will help you get through the process by giving you 7 steps to take to fight your denial. You are no longer in this fight alone.



About The Law Offices Of Scott Glovsky

We may live in a “David vs. Goliath” world, but my firm is here to hold major corporations accountable for putting their bottom-line profits ahead of peoples’ lives. I am a skilled trial lawyer on a mission to make a real difference in my clients’ lives and change the system so that others will not needlessly suffer similar fates.

My practice emphasizes civil trial law, including **insurance bad faith**, catastrophic personal injury, and health-related cases. We get justice for our clients and hold the wrongdoers accountable.

What makes me tick is what helps me win.

I am not by nature an adversarial kind of guy. But when you spend your career going toe-to-toe with armies of ruthless corporate attorneys, you learn to go for the throat by being better prepared, better focused, and fully prepared to stand firmly on the fair and just side of every argument.

I know the corporate lawyers I go up against are juggling dozens of cases from angry clients their companies have let down because I started as a corporate attorney. I know the ins and outs of their arguments and I know how to exploit their weaknesses.

As founder and lead attorney of The Law Offices Of Scott Glovsky, I’m not just the face of the firm, I am the primary force behind the firm. I completed my undergraduate degree at the University of California, Berkeley, and earned my law degree at Cornell Law School.

Like most other attorneys, I went to law school with grand dreams of fighting the good fight for the right causes. Then I went to work at large corporate law firms where I was encouraged to defend corporate clients, right or wrong, good or bad on a mind-numbing treadmill that paid exceptionally well and delivered zero levels of personal fulfillment and self-respect. That’s why I started my firm over 20 years ago to represent policyholders.

You can learn more about my firm and how we’ve changed lives for millions of people [here](#).

7 Steps to Fight a Health Insurance Denial

Step 1: Determine what type of insurance you have.

Step 2: Understand your coverage.

Step 3: The benefits you may be entitled to may not be explicit in your policy.

Step 4: Gather all information and documents about your claim or treatment denial.

Step 5: Internal appeals process.

Step 6: External appeals process.

Step 7: Seeking court intervention.

Step 1 : Determine what type of insurance you have.

Before seeking to enforce your rights, you must know your rights. If you have health care coverage from a third party, then the odds are you receive that coverage from a health insurance company, a managed health care plan provider, a self-insured association, or the

government. The most straightforward way to determine what type of policy or plan you have is to check your enrollment form. An enrollment form is a document that one signs to give notice of their desire to participate in the benefits of a plan.

Step 2: Understand your coverage.

All plans have a member contract (often called an “Evidence of Coverage”) that specifically describes the health care benefits covered by the health plan, or something similar. Check your documents or call your health plan and ask them where you can find a list of your benefits. Some states, like California, have laws relating to the Patient Protection and Affordable Care Act (commonly referred to as “Obamacare”), that define minimum benefits. Obamacare in California requires coverage to include “essential

health benefits.” Essential health benefits include: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Step 3: The benefits you may be entitled to may not be explicit in your policy.

Health insurance companies and managed care companies will often deny coverage for such benefits and merely hope that the insured will not bother to know their rights. This most commonly happens when a consumer seeks treatments for mental health and special needs (e.g., Autism Spectrum Disorders). Certain autism treatments

are also generally not explicit in an insurance policy but may be required treatments under the law (as they are in California). These are trickier to determine. Check with a health care lawyer or a large advocacy group in your state that fights for the treatment or services you’re seeking to better understand the law.

Step 4: Gather all information and documents about your claim or treatment denial.

Document all communications that you have or have had with the insurance company or health plan. Collect copies of all letters that the insurance company or health plan sent to you and all letters that you sent to the insurance company or health plan. If you had any phone conversations with the insurance company or health plan, then be sure to keep a log of the time and date of the conversation, the name, title, and/or employee identification number of the person with whom you talked, and a

description of everything that was said during the conversation. It is also necessary for you to collect as much medical evidence concerning your need for the treatment at issue as possible. Gather copies of your medical records and all referrals from health care professionals. It is important that you learn the complete basis for the denial and have the insurance company or health plan commit to their position and reasoning in writing.

Step 5: Internal appeals process.

Insurance companies and managed health care providers have internal appeal processes that are required by law. We highly recommend that before you begin to learn about the appeal process of your specific insurance company or health plan, that you contact a lawyer who is knowledgeable and has experience with health care coverage issues.

A lawyer can advise you as to how to best structure your appeal so that you get the results you deserve. Each insurance company and health plan manager has a different internal appeal procedure. You need to determine their appeals process. If you choose to appeal, you need to follow their appeals process.

If you write an appeal letter, include are your name, contact information such as your address and phone number, and information about your

policy including the policy number, the group number, and the claim number. You should also include as much written evidence as you have such as doctors' letters and medical records. Remember to always keep a copy of anything that you send. It is crucial to submit as much evidence as possible from physicians and other health care providers specifying why the treatment is medically necessary and why the denial is improper. Keep in mind that many companies have time limits for their internal appeal process. When you receive a denial of your coverage claim, you should immediately look into the time requirements for the internal appeal process so that you can determine by when you will have to file an appeal. If you miss these deadlines, you may lose your opportunity to have the denial appealed at all. It depends upon your specific coverage.

Step 6: External appeals process.

It is possible that after the internal appeal process your health plan provider or insurance company might reverse their earlier denial. However, if that is not the case, then in California you often have a right to have your claim reviewed by an independent body. Such an independent review can be helpful in getting your coverage denial reversed. However, an external appeals process is not something that you should automatically pursue since it is often not a prerequisite for seeking court intervention because of a bad faith denial. In some circumstances, it can be more efficient and beneficial to skip the independent review stage and simply file a lawsuit to get the deserved coverage. For this reason, if you have completed the internal review process and your denial was not reversed, then you should again consider contacting a lawyer who focuses on bad faith health insurance denials to get advice as to whether an external review is the right path to take for relief.

If after consultation with an attorney, you decide that the best move for you would be to seek an external review, then you must determine

the proper entity from which you should seek the review. In California, the proper entity is determined by the type of coverage that you have. If you are member of a managed health care plan, then you will seek a review from the Department of Managed Health Care (“DMHC”). Whereas, if you are covered by a health insurance company, then you can seek a review from the California Department of Insurance (“CDI”). Both the CDI and the DMHC have similar appeal procedures.

After you determine whether your claim is regulated by the DMHC or the CDI, then you should visit the website for the particular agency that governs your claims’ external appeal. You can call the DMHC at (888) 466-2219. You can reach the CDI by calling 800-927-HELP (4357). Both the DHMC and CDI have detailed information for how to file a complaint for an external appeal. Generally, the information that you provide to them will mirror the information and documents you provide to your insurance company or health plan provider when you seek an internal appeal.

Step 7: Seeking court intervention.

After an external appeal or if you decide to skip the external appeal, then you also have the choice of filing a lawsuit against your insurance company or managed health care company. The upside to a lawsuit is that it puts immediate pressure on your insurance company or managed health care provider. Insurance companies or managed health care providers who might have ignored you in the past will usually pay a lot more attention when a member initiates legal action. Further, a lawsuit can result in complete coverage for the medical treatment that you seek, in addition to the possibility of additional monetary awards due to the insurance company's or managed health care provider's bad faith in denying your claim. Most lawyers who focus on bad faith health insurance

coverage law take such cases on a contingency basis, meaning they do not charge any money to a client but instead take a percentage of any recovery. As a result, you will often not have to pay a lawyer by the hour to bring a lawsuit.

Note: If you are covered under a plan provided by your private company employer, it is likely your plan is covered under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA is a federal law and these plans are not governed by state laws. This means that your remedies are extremely limited. You can learn more about ERISA and non-ERISA plans and the type of plan you may have [here](#).

If you want to learn more, or if you feel it might be a good decision to consult with an attorney, contact us below.

[Free Case Evaluation](#)

Consulting an Attorney

If you are choosing an attorney to help you fight this injustice, don't you want one who knows the insurance industry inside and out? I am that lawyer. I spent the first phase of my career defending large insurance companies against allegations they improperly handled claims. While I worked on many of these lawsuits, I didn't enjoy defending these large insurance companies. I disagreed with their questionable reasons for denying, delaying, and underpaying claims. I found myself sympathizing with the policyholders and was moved by how their lives were turned upside down.

I opened my firm and began representing policyholders instead of insurance companies in 1999. I have consistently sought justice for my clients in ways other firms cannot. I am passionate about helping policyholders obtain treatments, coverage, and reimbursement from California insurance companies, including [Aetna](#), [Anthem Blue Cross](#), [Blue Shield of California](#), [Health Net](#), [Kaiser Permanente](#), [UnitedHealthcare](#), and other companies providing insurance.

Client Testimonial



There Was Hope Again

“When I first met Scott and I had the chance to sit down with him, I felt instantly comforted and relieved. He was so sensitive with very personal material; I had talked to him about very personal issues to me... there was hope again. I was very thankful. I think for the first time in my life, I felt valuable and protected.”

— Jennifer S.

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