5 Steps to Take When Your Insurance Denies a Claim

A practical, general-education guide from Clear Coverage

Step 01: Review the denial notice:	Note the claim or service, date, stated reason for the denial, and any information the notice says is missing. Keep the notice and its envelope or delivery date with your records.
Step 02: Compare the claim details:	Compare the notice with the explanation of benefits, bill, service date, provider, and relevant plan documents. Write down anything that does not match or that you do not understand.
Step 03: Ask the health plan for an explanation:	Use the contact information on your insurance card or denial notice. Ask which plan term or claim detail led to the decision, whether more information is needed, and what review options and deadlines apply. Record the date, reference number, and answer.
Step 04: Gather relevant records:	Keep copies of the notice, explanation of benefits, bills, plan language, and any records related to the claim. If a detail may be incorrect, ask the provider or billing office how to check it.
Step 05: Check the review process and dates:	Read the instructions and deadlines in your notice and plan materials. Ask the health plan which forms and documents it requires. If you choose to request a review, follow the stated steps and keep a copy and delivery record.

This guide is general education, not a determination about a specific claim. Your plan documents, notice, and applicable rules describe the process that applies to you. Taking these steps does not promise that a claim will be changed, covered, or paid.

Further reading:
HealthCare.gov: Internal appeals — https://www.healthcare.gov/appeal-insurance-company-decision/internal-appeals/
CMS: Health insurance plan denied claim action plan — https://www.cms.gov/initiatives/your-patient-rights/medical-bill-rights/get-help/find-action-plan/health-insurance-plan-denied-claim