

# Challenging Your Health Insurer's Decision:

## A Step-by-Step Guide

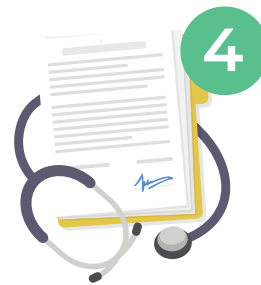


If your insurer denies coverage for your prescribed migraine treatment, you can appeal their decision. Follow these steps:



### 1 Review the Determination Letter

Understand why your claim was denied.



### 4 Contact Your Health Care Provider

Get help with filling out forms or writing an appeal letter.



### 2 Collect Information

Compile the determination letter, your insurance policy details and medical necessity criteria.



### 5 Submit the Appeal

Send the appeal promptly with all required documents.



### 3 Request Documents

Contact your insurer to request all documents or forms required to submit an appeal.



### 6 Wait for a Response

Expect to wait up to 30 days for a reply.



### 7 Follow Up

Maintain records of conversations with health plan representatives.



## External Review Process

If your insurer denies your appeal, you have the right to an external review. File a written request for one within six days of the appeal decision.

The external review process can take up to 60 days. In urgent situations, however, they can be completed within four business days.



## Filing a Complaint

If coverage is still withheld, you can file a complaint via the insurance commissioner or attorney general in your state. Include in your complaint:

- Your name and address
- Your insurance company policy number and plan info
- Claim specifics and reason for complaint
- Supporting documents, such as denials, appeals and health care provider input
- Insurance policy and responses from your insurer

### For further help with an appeal, visit:

- [CoverageRights.org](https://www.coveragerights.org) to find info relevant to an appeal in your state.
- [HeadacheMigraineForum.org/complaint](https://www.headachemigraineforum.org/complaint) to access your state's consumer complaint form.



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