



DIY Emergency Services Appeal

Thank you for reaching out to Community Health Advocates (CHA) for help with your appeal! CHA is a free program dedicated to helping New Yorkers get, keep, and use health insurance.

You need help because your insurance company is not paying for your emergency care.

First, you should know that you have the right to appeal and many clients win their appeals. Just follow these steps:

1. Fill in the attached form appeal letter;
2. Make a copy for your records; and
3. Send it in to your plan.

If you do not win your appeal, you may be able to appeal again.

But you should act quickly because you have limited time to file your appeal. Keep a copy of anything you send to the plan and write down what date you sent it.

If you have any questions, please call our helpline at 888-614-5400.

Sincerely,

Community Health Advocates

[Your Name]

[Your Address]

[Insurance Plan's Address for Appeals]

Note: You can find this on your denial notice, in your plan book, or by calling your plan.

[Date]

Re: [Name of Person Whose Claim Was Denied]

Insurance ID: [Enter the insurance ID for the person whose claim was denied]

Date of Birth: [Enter the birth date for the person whose claim was denied]

Claim Number: [You can find this on your explanation of benefits or denial letter]

Date of Service: [This should be on documents from your plan or on your bill]

Provider: [Name of doctor and/or hospital]

To Whom It May Concern:

I am writing to appeal your denial or partial denial of my claim for emergency medical services as indicated above. Your denial is unreasonable because these services were medically necessary and because when I sought emergency care I honestly and reasonably thought my health was in serious jeopardy.

[In this next paragraph, describe the story. Why did you seek emergency care? Why did you think it was an emergency? Were you worried at the time? Remember, it's not important if the hospital later discovered it was a false alarm. All that matters is that it seemed like an emergency when you decided to seek care, so focus on that.]

Since my emergency meets the "prudent layperson" standard of an emergency, you must cover these services. Further, according to the Patient Protection and Affordable Care Act § 1001, you are required to cover my emergency care even if I went to an out-of-network provider.¹ Also, under the No surprises Act, almost all commercial insurance plans must fully cover all emergency care, even from out-of-network providers, and leave enrollees with no balance bills.

Thank you for your prompt attention to this matter. If you have any questions, please call me at [your phone number].

Sincerely,

[Your Name]

¹ You also must reimburse out-of-network providers the greatest of: (1) your payment level for similar in-network services; (2) your standard formula for non-emergency out-of-network payments; or (3) the Medicare rate. 45 CFR § 147.138(b)(3) (2011).