

Eight Strategies to Remember When Battling Your Insurance Company for Coverage

By David Wilk

The law firm of Hiepler and Hiepler is a major supporter of the Brain Injury Center. Partner Mark Hiepler specializes in personal injury, wrongful death and denial of insurance coverage claims and is experienced at handling brain injury cases. He has been named one of the 100 Most Influential Lawyers in America and his cases have been featured on the "Today Show," "60 Minutes" "20/20" and numerous other programs.

We asked Mark to provide his insight into a problem faced by many families of brain injury survivors: what to do when insurance coverage is denied or overly slow to be approved. Here is his step-by-step advice...

1. Never give up. Winston Churchill said this and it is certainly a key mind set in your situation.
2. Have your medical practitioner state in writing why the treatment, therapy or procedure is medically necessary. Emphasize the urgency. Refer to the need for treatment as a "medical emergency."
3. Locate a second medical practitioner to state in writing that the procedure is medically necessary.

4. Have the medical office follow up with a telephone call within 72 hours of the letter being received by the insurance company.
5. (Assuming there has been no response affirming coverage yet), FedEx your own letter with a copy of the original medical necessity letters to the CEO of the insurance company, HMO or other entity that has denied coverage. (The name will be available on the internet.) Your letter should reinforce the stated medical need, emphasize the emergency and request that the CEO call you personally to discuss this. A FedEx package will arrive at the CEO's office and will get his/her attention.
6. Make a personal call to the CEO to follow up the letter. If you are not able to speak with the CEO, verify with his/her assistant that your letter (FedEx package) was received. If leaving a message with the CEO's assistant, ask when you can expect a return call. Be sure to make note of the date and time you called.
7. Make a personal call to the chief medical officer of the company, following up your letter to the CEO. You can bet that this individual will know about your situation from the CEO.
8. Send another certified letter to the CEO and also to the chief medical officer detailing all the steps you have taken to get this matter handled. Give 72 hours for expedited approval of this medical emergency procedure under California Law. It will be obvious that you are laying the groundwork for a lawsuit in the event they still do not grant coverage.