Two Types of Notifications you may receive telling you a Denial Has Occurred

1. A denial letter is received in writing form the insurer "we cannot authorize/approve these services because.." and it must include:

- Information sufficient to identify the claim
- Explain the reason(s) for the denial
- Describe the next step of appeal processes available
- If denial is based on clinical criteria, explain how a member may request a copy of the explanation of scientific or clinical judgment used for the determination

2. An Explanation of Benefits (EOB):

- EOBs usually say, "This is not a bill."
- Look at the date in the EOB was received by you, or the date it was sent
- What denial code are they using?