

## Office of Patient Protection

**Has your health insurance company refused to pay for certain services or treatments because the insurance company decided the treatment is not “medically necessary?” You have the right to appeal your insurance company’s decision.**

- If you want to appeal, the first step is to file a [member grievance](#) with your insurance company.
- If your member grievance is denied by your health plan and you have a fully-insured Massachusetts plan, you can apply for an independent [external review](#) through the Office of Patient Protection. You have four months from the day you receive the denial letter to submit the [External Review Request Form](#), and you may ask for the review to be expedited if the treatment is urgent.
- If you apply within two business days, you may be able to ask for continuation of coverage so the insurance company will pay for treatment throughout the appeal process.
- There is a \$25 fee for the external review, but the fee can be waived in the case of financial hardship and refunded if you win your appeal.

**Contact the Office of Patient Protection at 1-800-436-7757 or [hpc-opp@mass.state.us](mailto:hpc-opp@mass.state.us) for questions and assistance with any step of the process.**

***Thanks to our friends at Mass. Family Voices, our Family-to-Family Health Information Center, for this important information: <http://fcsn.org/mfv>***