

## **HOW TO PROTECT YOUR PATIENT'S APPEAL RIGHTS DON'T HURT YOUR PATIENT'S ABILITY TO GET SERVICES!**

Many public and private insurers, under the guise of “care management,” deny necessary services to your patients. The right to appeal rests with your patient. **However, your patient loses that right to appeal, if you, the clinician, do not insist upon the services you initially requested.**

➤ **DOCTOR TO DOCTOR REVIEWS AND CONVERSATIONS WITH THE UTILIZATION REVIEWER DO NOT BEGIN THE APPEAL PROCESS.**

- Only the patient, or someone authorized by the patient can initiate the appeal process.

➤ **A DENIAL NOTICE IS REQUIRED TO HAVE THE RIGHT TO APPEAL.**

- If you agree to or do not protest a reduction in services during conversations with the insurer or its staff, a denial notice will never be sent to your patient and she will lose her appeal rights.

Stand up for your patients during this initial process and help them maintain their appeal rights. **If the insurance company only approves *part* of what you requested for your patient, and you do not demand *all* the services in your *original request*, there is *no denial decision* to appeal and your *patient loses her appeal rights*.**

**Help is available.**

**Call the Mental Health Legal Advisors Committee at (617) 338-2345 or (800) 342-9092.**

An attorney will advise you on managed care and parity issues help you or your patient through the appeal process and, in some cases, represent your patient.

The Mental Health Legal Advisors Committee is a state agency within the Supreme Judicial Court and does not charge for its services.

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