

YOUR GUIDE TO **DENIALS AND APPEALS**

Have you ever received a health insurance denial and were confused about what it meant? This guide can help you understand how to get the medicine your doctor prescribed.

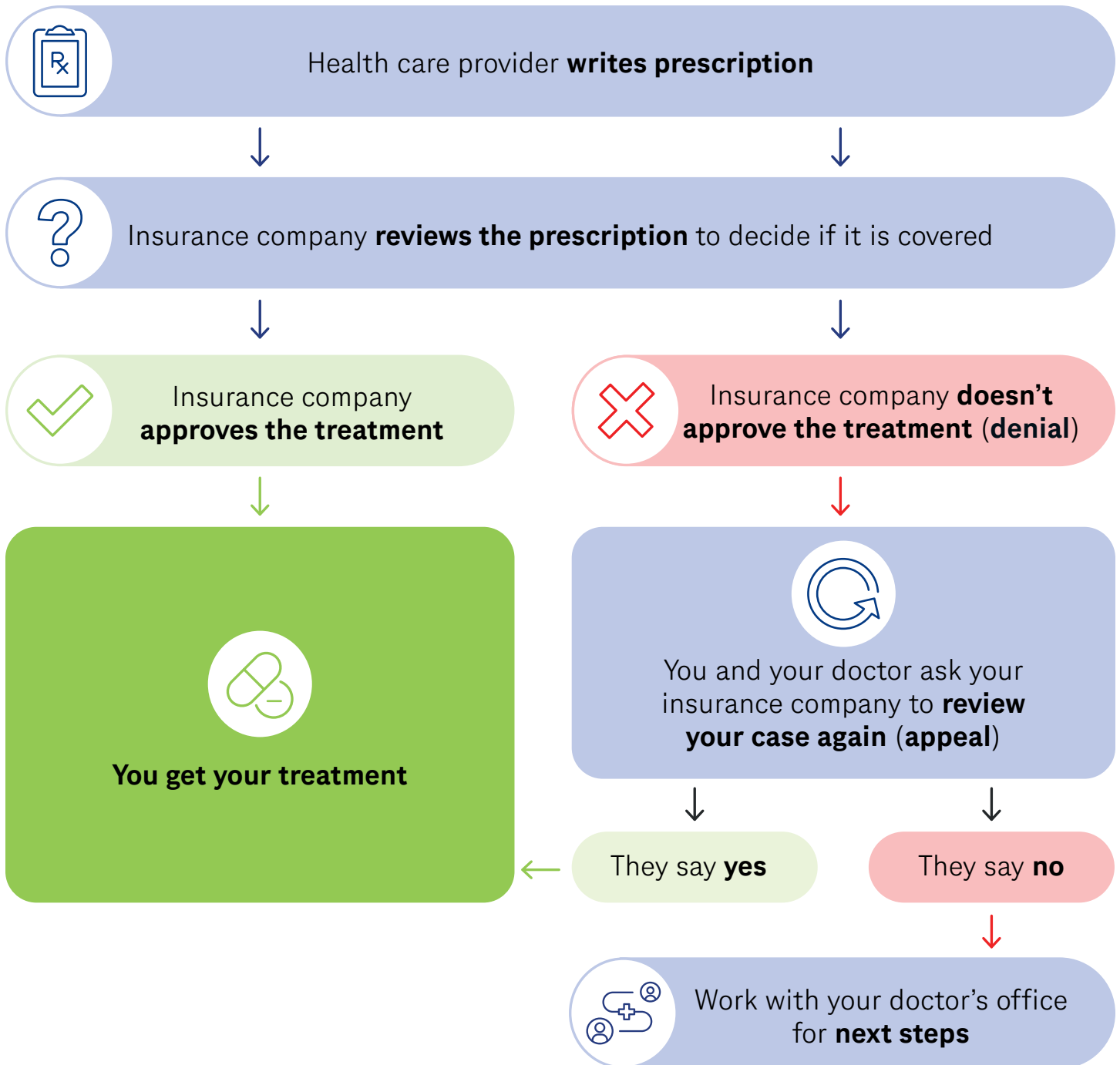


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You Got a Prescription. What Happens Next?

After your doctor writes your prescription, you might not get your medicine right away. Sometimes a few steps have to happen before you can start your treatment.





What Is a Denial?

A denial happens when your health insurance plan says it won't pay for your medicine, even if your doctor thinks you need it.

Denials can happen to anyone. If you get a denial, you are not alone.



Denials can happen for many different reasons^{1,2}

- There are mistakes on the paperwork (e.g. prescription, forms, letters)
- The paperwork was sent/received late
- Your treatment isn't on your health plan's formulary or policy
- Your insurance company needs to approve your treatment first (prior authorization) or wants you to try a different treatment instead (step edit)
- Your doctor or the clinic where you get treatment is not in network
- Your plan says your treatment is not right for your condition ("not medically necessary")
- Your plan says your treatment is experimental
- Your plan says you have to go through a third party to get coverage (such as a patient assistance program)
- You changed your health insurance and your new plan has different policies



See the next page to learn what to do if you get a denial.



What Is an Appeal?

If your health insurance plan denies coverage of your medicine, you may file an appeal. This is when you or your doctor's office tries to get the insurance company to change its decision.

Your health insurance company should tell you how to file an appeal. This is usually on their website and in your denial letter.

In many cases the doctor's office will send the appeal to your insurance company. Sometimes, you may need to work with your doctor's office to follow up on a denial.³

There are 2 types of appeals^{1,2}:



Internal appeals

- Managed by the health insurance company
- May be able to appeal more than once, if needed
- May be able to have a "peer-to-peer" review, where your doctor talks to a doctor at the insurance company



External appeals

- Managed by an independent organization
- Next step after you do the internal appeal(s)
- May be able to request in urgent situations, even if you haven't finished the internal appeal(s)



Appealing a denial is a good idea. Many times, your coverage will be approved after an appeal.⁴



Medicare and Medicaid appeals work differently. For more information, visit [Medicare.gov](https://www.Medicare.gov) or [Medicaid.gov](https://www.Medicaid.gov).



Your Appeal Checklist

Read the denial letter before you start your appeal. The letter will tell you the reason for the denial and what to do next. Your doctor's office will help you collect all of the paperwork you need.^{1-3,5}

1. Write an appeal letter, including:

Your name and plan policy number

The date of denial

Your doctor's name and contact information

Reasons why the plan should cover your treatment

What was denied and why (from the denial letter)

2. Collect and send paperwork

The original denial letter

Your medical history related to the denial

An appeal form (if available)

Scientific articles or other information to support your request

3. Follow up

Save all paperwork you get about the denial and appeal and copies of everything you send to the insurance company

Write down who you talk to and when

Name: _____

Name: _____

Title: _____

Title: _____

Phone number: _____

Phone number: _____

Date: _____

Date: _____

Typically, the plan will tell you the decision within¹:



72 hours if you're appealing the denial of a claim for **urgent care**



30 days for treatment you **haven't received yet**



60 days for treatment you **already received**



Appeals take time, so it's important to be patient. Timelines may change depending on your plan.

HELP IS AVAILABLE

Hearing that your health insurance might not cover your treatment can be upsetting and confusing. It makes sense to feel this way. **However, there are people and groups who can help.**^{1,2}

- Your doctor's office
- Your health insurance company
- Your company's benefits manager
- Your state's Department of Insurance
- Advocacy and charitable organizations
- The company that makes your medicine

For more support, contact the
Genentech Patient Resource Center



Visit [Gene.com/Patients](https://www.gene.com/patients) or call
(877) GENENTECH/(877) 436-3683

References: **1.** National Association of Insurance Commissioners. Health insurance claim denied? How to appeal the denial. August 17, 2020. Accessed January 6, 2026. <https://content.naic.org/article/consumer-insight-health-insurance-claim-denied-how-appeal-denial> **2.** Patient Advocate Foundation. Engaging with insurers: appealing a denial. Accessed January 6, 2026. <https://education.patientadvocate.org/resource/engaging-with-insurers-appealing-a-denial-2/> **3.** MedCenterHealth.org. Step 4: write the appeal letters. Accessed January 6, 2026. <https://medcenterhealth.org/wp-content/uploads/write-the-appeal-letters.pdf> **4.** Gupta A, Collins SR, Roy S, Masitha R. Unforeseen health care bills and coverage denials by health insurers in the U.S. Issue Brief. August 1, 2024. Accessed January 6, 2026. <https://www.commonwealthfund.org/publications/issue-briefs/2024/aug/unforeseen-health-care-bills-coverage-denials-by-insurers> **5.** Patient Advocate Foundation. Things to include in your appeal letter. Accessed January 6, 2026. <https://www.patientadvocate.org/explore-our-resources/insurance-denials-appeals/things-to-include-in-your-appeal-letter/>

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