

## How to Get Your Insurance to Re-Process a Denied or Mis-Processed Claim

Look at your insurance card and find the phone numbers on the back or front. There may be a number for “mental health/substance abuse” or “behavioral health”—if so, call that one. If not, call member services.

Tell the insurance representative the following: “I am a member with active coverage receiving tele-behavioral health sessions and one of my recent claims was denied/misprocessed.”

- Give the representative the affected date/dates
- If they mis-processed the claim (e.g. you have a waived copay but they didn’t waive it), explain what happened and ask them to reprocess those dates
- If the rep needs help, you can ask them to compare the denied claim to any from our practice that have been paid, e.g. “You can compare this to my first 3 claims (dates ABC), as the denied claim should be the same as those 3.”
- Ask the rep if they see any other affected dates or if there is anything else you should do
- In-Network: Resolution Counseling Center is in-network with Aetna, all Horizon/BCBS plans, and Meritain. If the rep needs to check that your provider is in-network, have them check our practice owner/billing provider (Melissa Schneider, LCSW) or the practice name (Resolution Counseling Center).
- You can look over your statements to prepare for this call. Just [sign into the portal](#) and see the Billing & Payments tab (image below). Invoices are generated nightly any time you have a balance (e.g. a copay or a claim came back showing patient responsibility). Insurance receipts and statements from the prior month come out on the 15<sup>th</sup> of the next month (e.g. November statement comes out Dec 15<sup>th</sup>).

