

In case of emergency

If a proposed treatment is refused by your health insurer and filing an appeal through the insurance company would delay urgently needed care, you may request an expedited review. Please contact the Kansas Insurance Department immediately at 800-432-2484 and ask for an independent medical review coordinator.

In this situation, the patient does not have to go through the health insurance plan's appeals process. The Kansas Insurance Department will contract with an independent review organization at no cost to you.

Please note:

The independent review is intended to be truly independent, with no bias toward your insurance company or you. The decision may or may not be in your favor.

After your claim has gone through independent review, there is not further appeal process except through the court system.

Kansas Insurance Department



Contact us:

Online:
www.ksinsurance.org

By email:
KID.commissioner@ks.gov

Consumer Assistance Hotline:
800-432-2484

Main Number:
785-296-3071

By mail:
420 S.W. 9th St., Topeka, KS 66612

By fax:
785-296-5806

Hours:
8 a.m. to 5 p.m. weekdays
(except state holidays)



Vicki Schmidt
*Commissioner of
Insurance*

Independent Medical Review



*An option for contesting
your insurer's decision*

A publication of the
Kansas Insurance Department

What do I do when my health claim is denied?

If your health claim has been denied by a health insurance provider because your treatment was said to be experimental, investigational or medically unnecessary, you can ask the Kansas Insurance Department for an independent review of your case. You must go through your insurance company's appeals process first. Following your health insurance company's final decision, you have 120 days to contact the Kansas Insurance Department for an independent medical review.

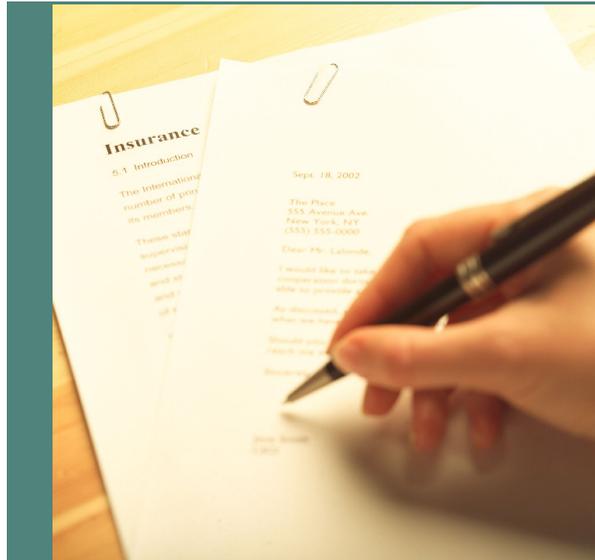
Plans not eligible for independent medical review:

- Medicare or Medicare supplement insurance
- Medicaid
- Federal employee plans
- Workers' compensation
- Self-insured employer plans

What we need from you

We will need you to submit the following items within 120 days of your health insurer's final decision:

- A letter summarizing your dispute, including copies of any correspondence with your insurer and letters from your doctor(s), or any other documents supporting your case. Include a daytime telephone number in case we have additional questions.



If your insurance company denies your claim, you have 120 days to request an independent medical review through the Kansas Insurance Department.

If the department approves your case for review, it will contract with an independent organization to review your case at no cost to you.

Review decisions are final, though you can appeal to a court.

- A completed Independent Medical Review request form, which includes a medical release form. Contact our office at 800-432-2484 to receive the form.

What we do to help

Our goal is to help you - the consumer. We will determine if your health claim is eligible for an independent medical review. Once we have received the necessary records, the insurance department will either approve or deny your request in 10 working days. If your request is approved, the department will then contract with an independent review organization to examine your situation. A written decision by the independent review organization will be issued to you within 30 business days. This decision is binding, though you may choose to appeal to a court. There is no fee to you, the consumer, for the medical review.

