

ERISA Appeals Process Flowchart

In order to appeal, the enrollee/beneficiary must exhaust **ALL** available administrative remedies (i.e., voluntary appeal) in response to receiving an adverse determination (i.e. treatment is restricted or denied) from the patient's insurer.

Compile all documentation on patient's progress and medical necessity of continuing care.

Obtain signed ERISA Patient Authorization Form
http://www.acatoday.org/pdf/ERISA_PatientAuth_Form.pdf

Obtain and personalize the template letter to request a Summary Plan Description, Claim Appeal Procedure, or Explanation of Chiropractic Benefits
http://www.acatoday.org/pdf/letter_to_request_an_SPD.doc

Obtain and personalize the ERISA Template Letter, and mail to the patient's employer/fiduciary **with**:
http://www.acatoday.org/pdf/letter_to_file_an_appeal.doc

Statement of Medical Necessity	Original Authorization Form	Treatment Records	Copy of insurer's/network's denial or restriction of proposed care	Plan of Care (Specific Treatment modalities, purpose, frequency/duration, goals)	Copy of Patient's Insurance Card
--------------------------------	-----------------------------	-------------------	--	--	----------------------------------

Send a copy of the above documents to:

The Patient

Employee Benefits Security Administration (EBSA) Local Office
http://www.dol.gov/ebsa/aboutebsa/org_chart.html#section13

The Patient's Medical Record/File

For more information on ERISA, please refer to the ACA website at:
www.acatoday.org/erisa