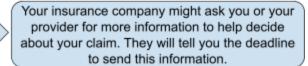
An Overview of Prior Authorization

The chart below gives a quick look at how to file insurance claims and appeals. If you have questions about your plan, call your insurance company or talk to the human resources (HR) department at your job. They can give you the exact steps you need to follow for your plan.

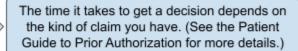
Ask your insurance company or employer's human resources department for the claims procedure in writing (Note: This step is optional if you already know the procedure)

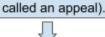


Your pharmacy or provider's office will start a claim depending on what you need—like a prescription, infusion treatment, medical procedure, or referral.

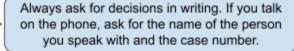


Your insurance company will send you a letter to tell you if your request is approved or denied. If it's denied, you have the right to ask them to look at the decision again (this is



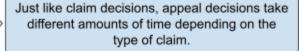


You must send your appeal before the deadline listed in the denial letter. You can also fill out a form to let your provider send the appeal for you.





The insurance company will look at your appeal and decide if they will approve or deny it. You should get a letter with their decision.





Your insurance company will send you a letter about the appeal decision, saying if it's approved or denied. If it's denied again, you or your provider can ask to appeal once more and request a "peer-to-peer" review, where your provider talks to a provider working for the insurance company.





If your appeal is denied again, you can file a complaint and ask for another review with the Montana Insurance Commissioner or the U.S. Department of Labor's Employee Benefits Security Administration.

