

# Insurance Appeal Escalation Flowchart

Follow this path from denial to resolution

## STEP 1 — Review the Denial

Read the denial letter carefully. Identify the EXACT reason for denial. Request your complete claim file (Template 20). Check your appeal deadline — most are 180 days for health, 30-60 days for auto/home.

**Templates: 20 (Documentation Request)**

↓ If unresolved, proceed to next step ↓

## STEP 2 — Internal Appeal

Write and send your appeal letter using the template that matches your denial reason. Include all supporting documentation. Send via certified mail AND online portal.

**Templates: 01-10 (Core Kit) or 11-17 (Advanced Pack)**

↓ If unresolved, proceed to next step ↓

## STEP 3 — If Internal Appeal Denied

For health insurance: you have the RIGHT to external review — an independent organization reviews your case and their decision is BINDING on the insurer. For auto/home: proceed to Step 4.

**Template: 06 (External Review Request)**

↓ If unresolved, proceed to next step ↓

## STEP 4 — File State Insurance Commissioner Complaint

File a formal complaint with your state Department of Insurance. The DOI will contact the insurer directly. This creates regulatory pressure and a permanent record.

**Template: 18 (Commissioner Complaint)**

↓ If unresolved, proceed to next step ↓

## STEP 5 — Bad Faith Demand (Pre-Litigation)

If the insurer continues to act unreasonably, send a formal bad faith demand letter. This puts them on notice that their conduct may expose them to damages beyond the policy limits.

**Template: 19 (Bad Faith Letter)**

↓ If unresolved, proceed to next step ↓

## STEP 6 — Legal Action

Consult an insurance attorney. Options include: small claims court (for smaller amounts), civil court, or hiring a contingency-fee attorney. Bad faith claims can result in punitive damages.

**Consult an attorney**

## Key Deadlines by Insurance Type

Insurance Type	Internal Appeal Deadline	External Review	DOI Complaint
Health (ACA)	180 days from denial	4 months from final denial	Any time
Health (ERISA)	180 days from denial	4 months from final denial	File with DOL
Auto	Check state law (30-90 days)	Appraisal clause in policy	Any time
Homeowner's	Check state law (30-90 days)	Appraisal clause in policy	Any time
Dental	180 days (varies by plan)	Check plan terms	Any time
Life	Check state law (60-180 days)	State-dependent	Any time

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