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Consumer Advisory – Appealing a Denial of Services **As of December 21, 2022**

Did you know that you have the right to appeal a denial by your health insurer or health maintenance organization (HMO)? Denials may include:

- A claim denial.
- An authorization denial.
- Denial of a request to see an out-of-network provider
- An approval for a lower level of care than you asked for.
- An approval for a provider who is too far away or too long a wait.
- An approval for fewer visits than your provider thinks you need.

You are entitled to a written denial, unless you or your provider agrees to an alternative care plan. The written denial will explain how to file an internal appeal with your health insurer or HMO, or a complaint with the Maryland Insurance Administration. If you have any questions, or would like to see if you are able to file a complaint, or the denial of benefit involves an emergency case, call us at 800-492-6116.