

Personal Advantage
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How to Avoid Trouble with Your Health Insurer and Get Claims Paid in Full and on Time
American insurance policyholders are more likely to have problems with medical insurance claims than with any other type of insurance. There are many factors that contribute to delays, and sometimes contribute to outright refusals of health claims:

The sheer volume of claims filed annually in the US (tens of millions).

The often complicated nature of claims that involve several parties (physicians, hospitals, the employer or group administering the policy, etc.).

The routine practice of insurance adjusters of combing claims for errors, oversights, or other reasons to delay or deny payment.

Best protection: Submit claims that can be handled smoothly the first time - those that present no need for clarification nor any opportunities for refusal.

When buying health coverage:

Examine your coverage for rules regarding pre-existing conditions. That's particularly important when switching policies. Many policies exclude pre-existing conditions entirely, while others will cover them if you have not been treated for a specified length of time.