

# GUIDE TO FILING AN INSURANCE COMPLAINT FOR SKIN CONDITION PATIENTS & PROVIDERS

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If you or your patient has been denied access to treatment, you have the right to file a complaint.



## **STEP 1: Try to Resolve the Issue Directly**

Before you file a request for assistance or complaint with your state's consumer services office, you should first contact the insurance company to try and resolve the issue. If you do not receive a satisfactory response, then contact your state's consumer services office.



## **STEP 2: File an Official Complaint**

Information and state-specific links for filing a complaint are available at [dermacareaccess.org/complaint](https://dermacareaccess.org/complaint)

Aside from the reason for your complaint, be prepared to provide the following information regarding your situation:

- Name and contact information of the patient or provider filing the complaint;
- Name of insurance company, type of insurance and state where the plan was purchased;
- Claim information, including policy and claim numbers, and dates;
- What you consider to be a fair resolution.

Most states are required to follow up in a defined period, usually 30-45 days.



## **STEP 3: Share a Copy of Your Complaint**

The Derma Care Access Network is tracking complaints related to care and treatment denials to help follow-up on systemic access challenges. Sharing your story will help other patients get access to treatment. Please email a copy of your complaint to: [dcan@woodberryassociates.com](mailto:dcan@woodberryassociates.com).