

PARITY IMPLEMENTATION COALITION

Examples of Plan Denials

Please submit form to Alexis Geier Horan, ageier@asam.org.

Please attach all necessary documentation (i.e. denial letter, medical necessity criteria, summary of plan benefits and MH/SUD).

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| Plan insurer/employer name |
| Effective Date |
| Parity Violation |
| Date of Service |
| Health Plan Summary of Benefits (Please include MH/SUD and Medical/Surgical) |
| Explanation of Benefits |
| Written reason for denial provided to consumer or gathered by provider |