APPEAL A CLAIM DENIAL

Claim denial due to incomplete or insufficient documentation

Upload additional documentation in your online account or the WEX benefits mobile app to automatically appeal the denial. Your documentation must include the following:

- Date service received or item purchased
- Description of service received or item purchased
- Name of provider or merchant
- Dollar amount
- A prescription or letter from your physician or a completed Medical Necessity Form may also be required if the expense is considered both a medical expense and a general use item.

Note: An itemized receipt or statement from your provider or an Explanation of Benefits (EOB) from your insurance carrier typically has all the required information. If you get a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, have your provider write "copay" on your receipt before leaving the office. For instructions on how to submit documentation, see How to upload documentation to an existing claim in your online account and How to upload documentation to an existing claim in the Benefits Mobile App.

Note: Allow two business days for additional documentation to be processed.

Claim denial due to ineligible expenses or lack of documentation

If the expense is not eligible for reimbursement or you are unable to provide the required documentation, you will need to repay your plan or offset the amount of the denied claim with other eligible out-of-pocket expenses. See How to repay or offset a denied WEX benefits card claim for more information.

How much time do I have to appeal my claim denial?

When your plan is open - You can submit additional documentation at any time while the plan is open to automatically appeal the claim denial.

When your plan is closed - You have 180 days from the first denial date to submit additional documentation.

To view the first denial date, complete the following steps:

1. Navigate to the **Accounts** tab.
2. Under **Accounts**, click **"Claims."**
3. Select the applicable claim to expand the claim details.
4. Click the dollar amount of the claim. The Status Date field will show the dates of the denials in chronological order.

Claims can be denied for multiple reasons. To review the specific details of your claim denial in your online account, view the Tasks section of the Home tab and click on the applicable claim denial notice. For more information, see Understanding medical claim denials.