

Understanding Payment Denial Reasons

If your payment denial letter states this:	This is the expanded explanation:
The primary or secondary EOB has not been submitted	In order to receive appropriate reimbursement for this patient, we require an insurer-issued Explanation of Benefits (EOB). We cannot accept EOBs that are generated by providers.
The EOB/patient costs are unclear	The information provided on the EOB is unclear, specifically, the patient's responsibility.
The grant is exhausted; partial payment	We are unable to pay the remainder of the request because the patient's grant has been exhausted. The patient is welcome to re-enroll at the end of their grant cycle.
The grant is exhausted; no payment	The patient has exhausted their grant. We are unable to pay this request. The patient is welcome to re-enroll at the end of their grant cycle.
The patient has other assistance/payment	The patient was receiving assistance from another program, including but not limited to another foundation or organization, or manufacturer program.
We do not process advance payments	We received the request before the medication(s) was dispensed. We are unable to provide advance payment.
Medications must be dispensed in the US	The medication was not dispensed in the United States.
HSA, HRA, or RRA coverage; ineligible	Patients who have a Health Savings Account, Health Retirement Account or Retirement Reimbursement Account will be considered on a case-by-case basis.
The DOS is outside of approval period	The date(s) of service occurred either prior to when the patient's approval period started or after the patient's approval period ended.
Proof of treatment is missing	Proof of date of service is required for the Gout Travel Fund
Transportation distance and/or cost is ineligible	Transportation amounts submitted are below the minimum requirement
Hotel costs are ineligible	We do not reimburse for multiple dates of service or hotel incidental charges

Understanding Payment Denial Reasons
(continued)

If your payment denial letter states this:	This is the expanded explanation:
Request was submitted 120 days after DOS	Reimbursement requests must be received at HealthWell within 120 days of the date of service. We will not process or pay requests that are submitted after 120 days from the date of service.
The medications submitted are ineligible	The request is for medications that are not eligible for reimbursement under the patient's disease fund.
The insurer paid 100% of charges	The patient's insurance paid 100% of the allowable charges for eligible medication(s). The patient has no out of pocket cost and therefore, does not require payment from HealthWell.
The insurer paid \$0; we cannot assist	The patient's insurance did not pay for any portion of the eligible medication(s). HealthWell is a copayment assistance program that provides assistance only when the insurer pays for a portion of the medication(s) FIRST.
This request has already been processed	The request is a duplicate request and has already been submitted, processed, and possibly paid.
Diagnosis does not qualify	The diagnosis listed on form does not qualify for assistance under our program.
Diagnosis is not listed	The diagnosis is missing from Reimbursement Request Form.
Assistance type and request do not match	<p>The patient was approved for copayment assistance and the payment request is for premium assistance. OR The patient was approved for premium assistance and the payment request is for copayment assistance.</p> <p>If you are interested in changing assistance type, please contact us for additional information.</p>
This patient is not approved; no grant	The patient is not approved in our program. The patient needs to go online or call to begin the approval process.
We cannot reimburse on this grant yet	<p>We are missing key information before we can begin reimbursing on this grant. Missing information may include:</p> <ul style="list-style-type: none"> ○ Income Verification Statement and Supporting Documentation ○ Other grant approval documentation (e.g., premium assistance)
We cannot reimburse parent/patient	Under the Pediatric Assistance Fund, we cannot reimburse the patient or parent for claims they have paid.