



National Eating Disorders Association
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NEDA's National Bank of Insurance Stories

*Have you battled your insurance company for coverage for an eating disorder?
If so, we invite your story.*

Let others gain from your experience and help us to improve access to treatment.

NEDA is creating a National Bank of Insurance Stories to document insurance struggles families have faced. These stories will provide evidence of the breadth of this problem, help to raise awareness through the media, and – perhaps most importantly – let people know they are not alone.

Providing an outlet to share the stories, we hope to help others know what has worked and what hasn't, as well as to unite the community against the unconscionable policies and practices of insurance companies that discriminate against eating disorders treatment. Access to care is a fundamental, nationwide problem that frequently exacerbates the illness and places undue financial and emotional burden on so many.

It's time to talk about it.

Please tell us your story. We ask that you complete the attached release (no stories will be accepted without it) and submit your experience using the attached form. It must include the insured persons name and contact information. In addition, please understand that this information, once submitted, will no longer be confidential, and at some point your contact information may be shared with others, to include NEDA staff, other organizations, press, legislators, etc. We will not publish the name of the insurance company. Outside parties would need to contact you directly for that information. By signing these forms, you are assuring the credibility of your story and granting permission for others to contact you about the content of your submission.

Thank you very much. If you have questions or concerns, please contact Lara Gregorio, STAR Program Manager of the National Eating Disorders Association STAR@myneda.org.



National Eating Disorders Association Insurance Story Bank Submission

Eating Disorder Insurance Grievance Case Template

Please use this template to document the problems you have experienced with your insurer. While we understand that most cases are very complex, please try to keep your narrative brief (under 1,000 words). Please do not divulge the name of your insurance company.

Insurance Member's Name: _____

Member's Home Address: _____

Member's Home Phone: _____ **Member's Email:** _____

Patient's Name: _____ **Patient's Age:** _____

Patient's Relationship to Member: _____

Brief Clinical History (Diagnosis, Symptoms, and Eating Disorder History):

Nature of Problem with Insurer:

Please highlight which, if any, of the following describe the problems you have faced (can select more than one), then use the space below for a brief narrative:

- Admission was denied for _____ level of care despite meeting criteria
- Continued stay was denied for _____ level of care despite meeting criteria
- Delays in appeal process, payment, or authorization
- Payment denied despite authorization
- Insurer refused to indicate specific criteria that decision was based on

Insurance Company's Position:

Treatment Provider/Family/Individual Opinion:

Emotional and Financial Impact on Client:

Any Attempts to Resolve and Outcome:

Current Claim Status:

RELEASE/WAIVER: MUST BE Checked in Both Places, Signed, and completed legibly to be included in the National Bank of Insurance Stories.

- 1. I hereby attest that the information recorded in this document is truthful and accurate to the best of my knowledge. I release the National Eating Disorders Association (NEDA), and any of its staff or representatives from any claims or damage as a result of making this information available. NEDA may quote in whole or in part, the information contained herein as it sees fit to use and share the information as deemed appropriate by the organization.
- 2. I agree to be contacted by NEDA and/or outside inquirers as a result of this submission, or the publication or sharing of this information as needed to supply further information and comments about my case, if requested.

Signature: _____ Date: _____

Print Name: _____

Address: _____ City/State/Zip _____

Telephone: _____ Email: _____