

4 Most Commonly Denied Claims (And How to Avoid Them!)

You just bought your insurance plan, and it looks like great coverage. Probably the last thing you're looking for at this point is a claim denial. You've read the horror stories of people who dealt with denied claims, and you don't want to have a horror story of your own to share. So how do you avoid that, when you purchased the plan because you don't know what the future holds? Here are the top 4 most denied claims, and how you can steer clear of them.

1. Your claim occurs before your effective date

Most people naturally purchase coverage for the first day of their arrival at their destination. It just makes sense. But what you may not think about is what can happen during your travel. Especially if you're spending a whole day traveling across the world. You could sprain your wrist picking up heavy luggage, or you could eat some iffy airport food and end up sick. But if your coverage doesn't start until the next day, you could be stuck with the doctor's bill.

So what's the best thing you could do for yourself? Make sure that coverage starts the day you leave. Plan ahead so that if you do get sick/injured in an airport in a foreign country on a layover, you'll be protected. The worst kind of claim is the one that happens before you're covered. Also, keep in mind that coverage with a travel medical plan does not begin until you have departed your home country. This requirement does not apply to most trip protection plans; they usually cover you within your home country and abroad.

2. Routine/preventive (for our travel medical plans)

When your primary health insurance covers routine checkups completely, you may expect them to be covered on other insurance plans without even thinking about it. However, most travel plans are meant for short-term coverage and cover sudden illnesses or injuries only. Check your plan document before you go — if it says that routine or preventive services are not covered, you will need to wait to get that routine checkup until you're back home where you can use your primary health coverage.

3. Not a covered reason (for our trip protection plans)

All of our trip insurance plans have a list of covered reasons that allow you to cancel your trip and get your money back. You'll want to make sure you understand these reasons so you know why and how you can cancel your trip if you need to do so.

If you're concerned that you will need to cancel for a reason that is not listed in the plan document, consider buying the Cancel for Any Reason benefit available with some of our plans. This will allow you to cancel for a reason not already listed and still receive a refund for a portion of your trip.

In general, it's very important to read the plan document and understand the covered reasons, so you know you're covered before you decide to cancel.

4. Timely filing limit expired

Timely filing is a fancy term for a deadline. Some of our plans (and most insurance companies in general) have a timely filing limit that you have to follow. If you don't provide the required documents within the stated timeframe, your claim could be denied, when normally it may have been covered. Check your plan document for this information to see what your plan requires for filing a claim. Most travel plans have a 90-day limit; others may not include a stated limit. To simplify everything, try to remember to file your claim as soon as possible after an incident to avoid any unwanted bills.

With these tips in mind, you'll have greater success in avoiding claims, and when you do have to file a claim, you can rest assured that you've done all you can to get your claim approved. Happy travels!