



Instructions and Submission Checklist for Individuals Requesting Assistance to Appeal Denial of Coverage for All or Part of Medically-Necessary Substance Abuse Treatment

Before submitting your request for assistance to the Delaware Department of Justice, please verify that you have done the following:

- Completed all relevant sections of the Application Form
- Signed and dated the Application Form
- Completed, signed, and dated the Authorization for Release of Confidential Medical Information
- Attached copies of the following documents, if they are available:
 - The front and back of applicant's insurance card or other proof that applicant is insured by the health insurance company identified in the Application Form
 - The letter or other notification from applicant's health insurer setting forth the adverse determination regarding coverage (in full or in part) for substance abuse treatment
 - A written statement or other communication from your treating health care provider attesting to the medical necessity of the substance abuse treatment for which you are seeking coverage
 - Any medical records or other information you would like the Department of Justice to review

Send your completed and signed Application Form, Authorization for Release of Confidential Medical Information, and supporting documents to the Delaware Department of Justice by email at doj-treatmentassistance@state.de.us, or by hand delivery or U.S. Mail to **Delaware Department of Justice, Substance Abuse Treatment Insurance Coverage Assistance Program, 820 N. French Street, 5th Floor, Wilmington, DE 19801**. Please retain copies of these documents for your own records.