Long Term Denial

7 Common Reasons
Insurance Companies Deny Disability Claims

1. **No Objective Findings:**
You may be in a lot of pain, but there are insurers that will still demand additional objective medical evidence of your condition. This information comes from X-rays, blood tests, and the like. Without them, the claim reviewer will deny your benefits because there aren't "objective findings" to document your condition.

2. **Self-Reported Symptoms:**
There are policies that have exclusions or limitations if a disability is based on "self-reported symptoms." Common symptoms include headaches, dizziness, or fatigue, and are often difficult to document by objective findings.

3. **Pre-Existing Condition Exclusion:**
Some insurers will deny coverage to policyholders for medical conditions that already existed when coverage began.

Over 60%
of LTD Claims
Are Denied.

We can help you fight an unfair denial today. Contact us at 855-738-3691 or visit longtermdenial.com to learn more.

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4 **Not Disabled From Your Occupation:**
A claim reviewer will examine your employer- supplied job description and compare it with how your job is performed at other companies, on a national basis. The reviewer may say that your job is strenuous or stressful but that overall, the occupation doesn't usually have such requirements. In the insurer's mind, this may be all it takes to claim that you are not really disabled.

5 **Failure To Pass The Elimination Period:**
Policies frequently will require that a policyholder be completely disabled for a set waiting period (also known as an "elimination period").

6 **Not Under Physician's Care:**
Most insurance policies state that you must be under a doctor's "regular care." Certainly, you need a doctor to support your medical claims. However, the exact terms of regular care are often unclear and can be disputed in court. Some policies, for instance, demand that only a medical doctor can treat you, instead of any alternative care providers.

7 **Lack Of Appropriate Treatment:**
Many policies specify that benefits are available only if you have received "appropriate medical treatment." This is a debatable concept. Sometimes insurers will attempt to directly provide you with medical care – even if it isn't the best course for your condition.

How do I know if I was unfairly denied?

You can contact us for a free case review today! A free case review allows anyone who feels their long-term disability claim was denied unfairly to explore their legal options without any financial obligation.

During the consultation, our team will help you understand the strength of your case, the legal process involved, and whether pursuing litigation may be needed — all before making any commitments.

Get help fighting an unfair disability denial!

Call 855-738-3691 for immediate help!

longtermdenial.com

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