**DO YOU KNOW OF SOMEONE WHOSE ADDICTION AND/OR MENTAL HEALTH TREATMENT WAS DENIED OR CUT SHORT BY THEIR HEALTH INSURANCE COMPANY?**

**INSURANCE COMPANIES FREQUENTLY VIOLATE FEDERAL AND STATE PARITY LAWS BY DISCRIMINATING AGAINST PEOPLE WITH ADDICTION AND/OR MENTAL HEALTH PROBLEMS.**

***PARITY LAWS REQUIRE THAT PEOPLE NEEDING TREATMENT FOR ADDICTION AND/OR MENTAL HEALTH ARE TREATED IN THE SAME WAY AS A PATIENT NEEDING TREATMENT FOR A PHYSICAL ILLNESS SUCH AS DIABETES, CANCER OR HEART DISEASE.***

**Was your, a friend’s or a loved one’s addiction or mental health treatment denied or cut short by your insurance? If so, please contact me at:** **denied.treatment@gmail.com**

**Four years ago, when our sons were teenagers, they became addicted to opiates and other substances. We tried to get them into the programs their addiction specialist recommended but their treatment was denied by our health insurance which claimed that their conditions did not meet the medical necessity criteria. We have been working through the lengthy and exhausting appeals process since then. We feel very grateful that we were able to find the funds to pay for their life-saving treatment but we know that many others cannot do this and as a result, without treatment their or their loved one’s disease progresses with outcomes such as jail or death. We believe that our sons’ treatment was denied wrongfully and we know there are many others who are in our position.**

**We have found an attorney who is willing to bring these denials to the attention of the New Jersey Attorney General’s office, (at no cost) so that an investigation of these denials can begin. Hopefully changes will be put in place to ensure that treatment is provided properly by insurance companies in compliance with Federal and State Parity Laws. Please let me know if your or your loved one’s treatment was denied also, by answering the questions below and returning them to me at:** **denied.treatment@gmail.com**

**Every life is valuable. Together we can make changes to save lives.**

**Thank you,**

**Valerie**

**Type of treatment denied: Outpatient\_\_\_\_\_\_ Inpatient\_\_\_\_\_\_\_\_**

**Was treatment denied \_\_\_\_\_\_\_\_\_ or cut short\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how many days/weeks were approved?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was treatment for addiction? \_\_\_\_\_\_\_\_\_ mental health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ both? \_\_\_\_\_\_\_\_\_**

**What year was treatment denied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which State do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of health insurance which denied treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What happened to the patient as the result of the denial of this treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How may I contact you? First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**