

WORKSHEET 16

HEALTH INSURANCE APPEAL TRACKING FORM

Visit www.LLS.org/CaregiverWorkbook to access all chapters and worksheets.

Step/Action	Date	Contact Name and Information	Comments/Notes
Before the appeal is started			
Date of Service (when medical service was received) and what service was received			
Claim sent to Insurance Provider			
Received response from insurance company (Explanation of Benefits and/or other written communications)			
If claim denied, date I talked to my healthcare team and asked for supporting documentation I need			
Received supporting documentation from healthcare team			
Internal appeal			
Sent insurance company my first appeal form (1st internal appeal)			
Received a response from my insurance company			
If internal appeal is denied, I received a written explanation from my Plan stating the reason it used to deny my claim			
I filed my second appeal form (2nd internal appeal)—[only in cases where it is required by state law or company policy]			
If claim denied, I talked to my healthcare team and asked for any additional supporting documentation			
Received supporting documentation from healthcare team			
External appeal			
Filed forms and documentation for external appeal with the appropriate agency <ul style="list-style-type: none"> • Triage Cancer has the contact information for every state's health insurance agency available at www.triagecancer.org/stateresources 			
Received a response to my external appeal from the independent review organization/entity			

This form was adapted from Triage Cancer—Health Insurance Appeal Tracking Form ©2018. The original form is available at: www.triagecancer.org/AppealTrackingForm.