



Health Insurance Appeal Tracking Form

Insurance Company Name: _____ Policy Number: _____ Group Number: _____

Procedure: _____ Claim is for: Prior Authorization or Benefits Already Received

Action	Date	Contact Person's Name	Method of Contact (e.g., fax, mail, email) & Info	Expected Response Date	Notes
Claim Sent to Insurance Provider					
Received response from insurance company					
If claim denied, I talked to my health care team and asked for any supporting documentation I may need from them					
Received supporting documentation from health care team					
Sent insurance company my internal appeal					
Received a response to my internal appeal from my insurance company					
If internal appeal is denied, my plan provided me with					



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copies of the evidence & explanations it used to make its decision					
I filed my second internal appeal (only if required by state law or company policy)					
If claim denied, I talked to my health care team and asked for any additional supporting documentation					
Received supporting documentation from health care team					
Filed an external appeal with the appropriate agency					
Received a response to my external appeal from the independent review organization/entity					

Please keep in mind this chart is designed to provide you with a general process and method of tracking for your insurance appeal. More information about appeals and the rules in your state can be found at www.HealthCare.gov (search "appeals"). If you are a participant or beneficiary in a self-insured employer-sponsored health plan, contact the Employee Benefits Security Administration, U.S. Department of Labor at www.askebsa.dol.gov or call 866-444-3272.