TRIAGE CANCER® | TRIAGE HEALTH

Health Insurance Appeals Tracking Form

Fill in these boxes first, then log every step on the pages that follow. Keep copies of everything you send and receive.

1. About my claim

Insurance company name _____ **Policy or member number** _____ **Group number** _____

Procedure, service, or medication _____ **Claim or reference number** _____ **Date of service or request** _____

Reason for denial (copy from the denial letter) _____

Claim is for ☐ Prior authorization ☐ Benefits already received

Plan type ☐ Employer plan ☐ Self-insured employer plan ☐ Marketplace ☐ Medicare ☐ Medicaid

This form covers the general appeal process for private health plans. Medicare and Medicaid have different steps and timelines.

2. My plan's deadlines

Your denial letter and plan documents control these dates

Date on my denial notice _____
Every deadline counts from this date.

Deadline to file my internal appeal _____
Generally 180 days for many private plans.

Plan must decide my internal appeal by _____
Generally 30 days before care, 60 days after.

Deadline to request external review _____
Generally 4 months after the final denial.

Second appeal required? ☐ Yes ☐ No ☐ Not sure **Deadline** _____

☐ Expedited (urgent) review needed. Plans generally decide within 72 hours.

Find your state's rules
Scan to open Triage Cancer's State Specific Health Insurance Appeals Toolkit.
triagecancer.org/appealstoolkit

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Action	Date	Contact person	Method of contact and confirmation or tracking number	Expected response date	My deadline	Notes
Stage 1: initial claim or prior authorization request						
Sent my claim or prior authorization request						
Received my plan's decision						☐ Approved ☐ Denied ☐ Partly approved
If denied, asked my plan in writing for the full reason and my claim file						
Received the denial reason and claim file						
Asked my provider about a letter of medical necessity and a peer-to-peer review						
Received the letter and other supporting documents						

Peer-to-peer review: *Some plans let your doctor talk directly with the plan's doctor about a denial. Ask your plan if this is an option.*

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Stage 2: internal appeal						
Filed my internal appeal						
Received my plan's decision on my internal appeal						☐ Approved ☐ Denied ☐ Partly approved
Asked my plan for the evidence and reasons behind its decision						
Received the evidence and reasons						
Filed my second internal appeal (only if my plan or state requires it)						
Received my plan's decision on my second internal appeal						☐ Approved ☐ Denied ☐ Partly approved

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Action	Date	Contact person	Method of contact and confirmation or tracking number	Expected response date	My deadline	Notes
Stage 3: external review						
Asked my provider for any new supporting documents						
Received the new documents						
Filed my external review request						
Received the external reviewer's decision						☐ Approved ☐ Denied ☐ Partly approved
Any stage: free help						
Contacted my state insurance department or consumer assistance program						

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Final outcome and next steps

Where my appeal ended up ☐ Approved ☐ Partly approved ☐ Denied ☐ Still waiting

What happens next (for example: another appeal level, a state complaint, or help finding other coverage)

More notes

Calls, names, reference numbers, and questions for my health care team

This chart is a general process and method of tracking for your insurance appeal. Learn more about appeals and the rules in your state at triagecancer.org/appealstoolkit or HealthCare.gov (search "appeals"). If you have a self-insured employer-sponsored health plan, contact the Employee Benefits Security Administration, U.S. Department of Labor, at askebsa.dol.gov or 866-444-3272.

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