

## WORKSHEET 18

# HEALTH INSURANCE APPEAL TRACKING FORM

Step/Action	Date	Contact Name and Information	Comments/Notes
<b>Before the appeal is started</b>			
Date of service (the date when medical service was received) and what service was received			
Claim sent to the insurance provider			
Received response from insurance company (“Explanation of Benefits” and/or other written communications)			
If claim denied, the date I talked to my healthcare team and asked for supporting documentation I need			
Received supporting documentation from healthcare team			
<b>Internal appeal</b>			
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			
<b>External appeal</b>			
Filed forms and documentation for external appeal with the appropriate agency <ul style="list-style-type: none"> <li>• Triage Cancer has the contact information for every state’s health insurance agency available at <a href="https://trriagecancer.org/resources/stateresources">https://trriagecancer.org/resources/stateresources</a></li> </ul>			
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: <https://trriagecancer.org/appealtrackingform>