Insurance Appeals Checklist

Prior to writing the Appeal Letter:

- ☐ Review the denial reason
- ☐ Review the denial letter to understand the specific reasons for the denial to help you address the issues in your appeal
- ☐ Contact the insurance company: (i.e. service or claims department):
  - ☐ Request a written copy of their appeal process including any necessary forms and deadlines
  - ☐ Seek clarification on the denial and understand the appeal process
- ☐ Gather supporting documents:
  - ☐ Medical records
  - ☐ Bills/invoices
  - ☐ Medical reports, test results, prescriptions, letters from healthcare providers

What to include in your Appeal Letter:

- ☐ Name, address, contact information
- ☐ Recipient's information (insurance company, name, title, and address if you have them)
- ☐ Introduction to why you are requesting the appeal
- ☐ Reference numbers (from your denial)
- ☐ Customize your appeal letter:
  - ☐ Write a clear, concise, and well-organized appeal letter that addresses the reasons for the denial
  - ☐ Use the insurance company's language and terminology
  - ☐ Describe how the denied claim affects/impacts your health, daily life, and overall well-being. Personal stories and experiences can be very persuasive
- ☐ Include a healthcare provider's statement:
  - ☐ Letter of medical necessity that was initially sent
  - ☐ Follow up letter based on the reasons for denial and why it is essential to approve
- ☐ If incorrect billing or coding errors, provide correct codes

Other Key Considerations:

- ☐ Follow deadlines, timely responses are critical and will prevent closed claims without opportunity to appeal
- ☐ Keep all your records in case insurance requests information again.
- ☐ BE PERSISTENT! Don't be discouraged by a denial. May denials are successfully overturned during the appeal process. To escalate an appeal:
  - ☐ Request to speak with a higher authority
  - ☐ Request an in-person/zoom meeting
  - ☐ Request a peer to peer with physician support
- ☐ Seek assistance: Consult with patient advocacy groups, legal counsel, or other experts in the denial and appeals process

Physician Peer to Peer Discussion:

If possible, request a physician-to-physician meeting to discuss the claim and provide additional information to appeal and overturn the denial.

A healthcare provider can request this, or the insured can request this on their behalf.

Things to consider:

- ☐ Personalize the claim. Make sure the payor is aware of the patient medical history and needs of the item/treatment that was requested
- ☐ Be specific about the benefits of the requested item/treatment
- ☐ Provide information on expected outcomes
- ☐ Emphasize the impact on quality of life
- ☐ Provide information on any unique or uncommon aspects of the initial request
- ☐ Offer the opportunity for reviewing physician to ask questions