



## 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					



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provided me with 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 [TriageHealth.org](http://TriageHealth.org). 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](http://www.askebsa.dol.gov) or call 866-444-3272.*