Template and Instructions for Verbal Patient Appeals Telephone Call

PURPOSE:
This template is your guide to preparing to call your insurance company in response to their decision to deny coverage for the medication your physician prescribed.

The template below represents typical information for an insurance carrier. Insurance carriers could require more or less information than what is included in this template. Including this information does not guarantee insurance coverage or a positive result. The template below is provided for reference purposes only. Your appeals telephone call should align with your clinical records, personal treatment history, medical needs, and personal experience.

INSTRUCTIONS:
Fill in the blue/*italicized text* with your information or details supporting your claim. The blue text is meant to guide your answer. You will need to change it to meet your needs. Having your notes organized and written out when you make your call will ensure that you can provide complete information to your insurance company.

If you cannot identify or locate any of this information, ask your Patient Support Case Manager for help.

1. You <u>will</u> need to have the following information to identify yourself at the start of your call:

Your full name	
Your full address	
Your city, state, and zip code	
Your phone number with area code	
Your email address	

Policy information:

Policy holder name: *(insert name)*	
Patient name: *(insert name, even if it is the same as above)*	
Policy number: *(policy number)*	

Information on Denial:

Date of Denial Letter and reason for denial	

2. You <u>may</u> need to have the following documents or information available for reference during your call. You may not have all of the following; gather as much as you have.
   - ☐ Denial Letter
   - ☐ Copies of preauthorizations
   - ☐ Copies of second opinions from additional Health Care Professionals

☐ Prior medications prescribed to treat your condition and results of taking those medications

3. **Call Opening:**   Inform your insurance company representative of the recent denial, stating that your doctor (*doctor name_____*) recently prescribed (*medication name*: _____) to treat your (*condition:_____*). This prescription was denied coverage on (*insert date: _____*) because of (*insert reason for denial from denial letter: _____*). Tell the insurance company representative that you are calling to appeal that decision.

4. **The "Why":** Ask that they cover (*medication name*: _____) because (*explain the impact your condition has on your life and family. For example, "I am unable to work, and I can't walk around the block." List as many examples as you can to show how your condition limits what you are able to do*).

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Provide detail on other medications you have been prescribed to treat your condition, and how they have not worked or have stopped working for you. (*List these medications, how long you took them, and the results the medication(s) had on treating your condition.*)

Medication name	Dates taken (start/finish)	Result(s) on your condition and/or side effect(s) or allergy

5. **Call Closing**: Thank them for their attention to and consideration of this appeal. Ask if there are any more materials or information that you can provide to help with the appeal, and how

to best to submit them. Request that they please provide a determination by (*insert date*: _____). Record the representative's name: _____ a confirmation number for your request: _____, and how you will be notified of their decision. Use the space below for these notes from your conversation.