

# Insurance Appeal Preparation Worksheet

**Educational Disclaimer:** This handout is for education and awareness only. It is not medical advice, diagnosis, treatment recommendation, legal advice, or insurance advice. Always consult a licensed healthcare professional regarding medical concerns, medications, hormone therapy, lab testing, or treatment decisions.

## Purpose

Use this worksheet to organize details after an insurance denial, prior authorization issue, or medication coverage problem. This is not legal or insurance advice.

<b>Patient name</b>	
<b>Insurance plan</b>	
<b>Medication/treatment denied</b>	
<b>Date denied</b>	
<b>Denial reason/code</b>	
<b>Prescribing provider</b>	
<b>Pharmacy or clinic</b>	
<b>Prior authorization submitted?</b>	
<b>Appeal deadline</b>	
<b>Phone number called / representative name</b>	

## Documents to Request or Collect

<input type="checkbox"/> Written denial letter
<input type="checkbox"/> Plan policy or coverage rule used for denial
<input type="checkbox"/> Prior authorization form and response
<input type="checkbox"/> Provider letter of medical necessity
<input type="checkbox"/> Relevant office notes or lab documentation as determined by provider
<input type="checkbox"/> List of covered alternatives/formulary options
<input type="checkbox"/> Appeal instructions and deadline

## Call / Appeal Notes

<b>Date</b>	<b>Who I spoke with</b>	<b>What they said / next step</b>
