Insurance appeal builder

Build a clean record before you challenge a denial. Keep every deadline, name, and reference number in one place.

MEMBER / PATIENT ID	DATE OF DENIAL
PLAN / INSURER	CLAIM OR CASE NUMBER
SERVICE / EQUIPMENT / MEDICATION	APPEAL DEADLINE

What the denial says

Documents to gather

- [ ] Denial letter and full reason code
- [ ] Relevant plan language or coverage policy
- [ ] Prescription or order
- [ ] Letter of medical necessity
- [ ] Clinical notes and supporting records
- [ ] Peer-reviewed or policy support supplied by the care team
- [ ] Prior authorization records
- [ ] Call log and reference numbers

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Page 2 - structure your written appeal

1. State the request

Identify the member, claim, denied service, denial date, and the action you are requesting.

2. State why it is needed

Summarize the treating professional's rationale and connect it to the submitted documentation. Don't invent medical conclusions.

3. Address the denial reason

Respond directly to the reason in the denial letter and cite the relevant plan language or attached documentation.

4. Ask for the next action

Request written reconsideration, explain any urgency, list attachments, and ask for the decision and appeal rights in writing.

Insurance appeal builder

Page 3 - call and submission log

DATE	PERSON / DEPARTMENT	REFERENCE	WHAT HAPPENED / NEXT STEP

Submission checklist

- [ ] Copy saved before sending
- [ ] All attachments labeled
- [ ] Submitted through a trackable method
- [ ] Confirmation or receipt saved
- [ ] Follow-up date on calendar

This organizer is not legal, medical, or insurance advice. Deadlines and appeal rights vary by plan and jurisdiction. Follow the instructions in your denial notice and consult qualified professionals when needed.