

Denial & Appeal Tracker

A denial is not the final word. Track your deadline, your proof, and every step.

NAME / PERSON THIS SHEET IS FOR

INSURANCE PLAN AND MEMBER ID

DATE ON DENIAL LETTER

1 Read the denial letter

WHAT WAS DENIED (SERVICE, DRUG, CLAIM)

CLAIM OR REFERENCE NUMBER

REASON THE PLAN GAVE

MY APPEAL DEADLINE

HOW TO SEND MY APPEAL (ADDRESS, FAX, OR PORTAL)

WHO TO CALL WITH QUESTIONS / PHONE

Is this urgent? ☐ Yes, I asked for an expedited (fast) appeal ☐ No, standard appeal

2 Know your deadline to appeal

- **Medicare Advantage:** ask the plan for a reconsideration within **65 days** of the notice. The plan decides urgent requests within 72 hours and standard requests for care within 30 days.¹
- **Medicare drug plan (Part D):** ask for a redetermination within **65 days**.²
- **Original Medicare:** ask for a redetermination within **120 days** of your Medicare Summary Notice.²
- **Employer or Marketplace plan:** file an internal appeal within **180 days**. The plan decides within 30 days for care you have not had and 60 days for care you already had. If it still says no, you can ask for an independent external review.³
- **Medicaid / Medi-Cal:** follow the deadline on your notice, and ask for a fair hearing.

TRU-TIP • Ask what would change their answer

Many denials come from missing records or the wrong code, not from the care being wrong for you. Call the plan and ask, “What exactly would you need to approve this?” Write the answer down, then get that exact proof into your appeal.⁴

3 Build your appeal

- ☐ A copy of the denial letter
 ☐ Office notes, test results, and records that support it
 ☐ My doctor asked for a peer-to-peer talk
 ☐ I sent it with proof (fax receipt, certified mail, or portal confirmation)
- ☐ A letter of medical necessity from my doctor
 ☐ The plan's own coverage rule for this, if I can get it
 ☐ My own short letter: what I need and why
 ☐ I kept a full copy of everything I sent

WHAT MY APPEAL SAYS, IN ONE OR TWO SENTENCES

Level	Date sent	How sent	Decision due	Decision date	Result
1st appeal internal appeal, reconsideration, or redetermination					
2nd level if the plan or Medicare offers one					
Independent review external review or Medicare's independent reviewer					
Next level hearing, if needed					

[illegible]

☐ Medicare: my state's free SHIP counselor (in California, HICAP), or 1-800-MEDICARE⁵

☐ My doctor's office billing or authorization staff

☐ My state's department of insurance (employer and Marketplace plans)

☐ My employer's HR or benefits office

Be Proactive. Not Reactive.