

Prior Authorization Tracker

Keep approvals moving. Track every request, call, and reference number.

NAME / PERSON THIS SHEET IS FOR

INSURANCE PLAN AND MEMBER ID

PLAN PHONE

1 What needs approval

TREATMENT, TEST, DRUG, OR EQUIPMENT

ORDERING PROVIDER

OFFICE CONTACT WHO HANDLES APPROVALS / PHONE

CODES OR DRUG NAME AND DOSE

Is this urgent? ☐ Yes, waiting could seriously harm my health ☐ No, standard request

2 Get the request started right

- ☐ I asked the doctor's office if this needs prior authorization, and who will send the request.
- ☐ I asked the office to send my clinical notes, test results, and the reason this is needed with the request.
- ☐ If it is urgent, I asked the office to mark the request **expedited** (fast).
- ☐ I wrote down the date it was sent and the reference number in the tracker on page 2.
- ☐ I asked the plan how long a decision takes, and when I should hear back.

How long can the plan take? Starting in 2026, Medicare Advantage, Medicaid, and CHIP plans must decide urgent requests within **72 hours** and standard requests within **7 calendar days**, and must give a specific reason if they deny.¹ Employer and Marketplace plans follow their own timelines, so ask your plan and write it here: _____

TRU-TIP • Call on day three and ask one question

From years of getting urgent cancer and infusion approvals: most delays are not a no. They are a missing page. Call the plan about three days after it was sent and ask, "Is anything missing for you to decide?" Then call the office and get it sent the same day.²

3 Approval details once it comes through

APPROVED ON / REFERENCE NUMBER

APPROVED FROM / THROUGH (DATES)

NUMBER OF VISITS, DOSES, OR UNITS APPROVED

APPROVED PROVIDER OR LOCATION

DATE TO START THE RENEWAL REQUEST (ABOUT 2 TO 3 WEEKS BEFORE IT ENDS)

TRU-TIP • Approvals expire

An approval covers set dates, a set number of visits or doses, and often one provider or location. If any of those change, or the dates run out, a new approval may be needed. Put the renewal date on your calendar now.²

NOTES

4 Request tracker

What was requested	Date sent	Reference #	Status	Approved through	Follow up by

Status: pending, more info needed, approved, partly approved, or denied.

5 Call log

Date / time	Who I talked to (name, company)	What they said	Ref #	Next step

6 If it is denied

- ☐ I got the denial in writing, with the reason and the appeal deadline.
 ☐ I asked my doctor to request a **peer-to-peer** talk with the plan's doctor.
- ☐ I asked my doctor for a letter of medical necessity.
 ☐ If it is urgent, I asked for an **expedited appeal**.
- ☐ I started a **Denial & Appeal Tracker** so no deadline is missed.

Want to go further? *Knowing the System* and the Healthcare Planning Workbook by Chuck Kinney explain how approvals, denials, and appeals really work, with trackers for every step. Free tools: chuckkinney.com/free

Be Proactive. Not Reactive.