

Insurance Appeals Toolkit

Your Step-by-Step Guide to Fighting Back When Insurance Says No

Denied? Don't panic-and definitely don't take it as the final answer. Insurance companies count on people giving up when they hear "not covered." But you're not just anybody-you're a Rogue RN reader, and we don't back down.

This toolkit gives you a simple, no-fluff system to organize your appeal, build your case, and get the coverage you deserve.

1. Get the Facts First

Call your insurance company and ask:

- Why was the claim or service denied?
- Was it a coding issue, lack of pre-auth, or considered not medically necessary?
- What documentation do they need for an appeal?
- What's the deadline to file?

Write it down:

- Insurance company:
- Rep name & ID:
- Date/time of call:
- Reference/claim number:

2. Gather Your Support Materials

You'll need:

- The denial letter (or request one in writing)
- Your provider's letter of medical necessity
- Any related medical records, test results, or progress notes
- A timeline of events, if relevant

Optional but helpful:

- Peer-reviewed articles or treatment guidelines
- State-specific insurance laws or protections

3. Write Your Appeal Letter

Use the sample format below and customize it for your case.

Sample Appeal Letter Format:

Your Name

Your Address

Policy Number

Claim Number

Date

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for [service/procedure/medication] on [date]. According to the Explanation of Benefits I received, the reason for denial was: "[insert reason here]."

This service was medically necessary for the treatment of [condition]. I have included a letter from my provider detailing the clinical rationale, along with supporting medical documentation.

I respectfully request that this claim be reviewed and reconsidered. Please find all required materials enclosed. I am happy to provide additional information upon request.

Sincerely,

[Your Name]

4. Submit and Track Your Appeal

- Follow submission instructions EXACTLY (mail, fax, portal-whatever they require)
- Keep copies of everything you send
- Log the date submitted and set a reminder to follow up

Appeal submitted on:

Expected response date:

Follow-up contact info:

5. Escalate If Needed

If your appeal is denied again:

- Ask about the second-level appeal process
- Request a peer-to-peer review
- File a complaint with your state's Department of Insurance or your employer's benefits office

Extra Tips:

- Be polite but firm when calling.
- Document EVERYTHING.
- Don't miss deadlines.

Downloadable Toolkit Includes:

- Fillable Appeal Letter Template (Word/PDF)
- Call Log Sheet
- Submission Tracker
- Medical Necessity Letter Checklist

Coming soon to Rogue RN downloads-because no one should have to fight alone.

You've got this. And I've got you.

-The Rogue RN