

INSURANCE CALL LOG

Keep a record of every time you call or communicate in any form with the health insurance company. You may have questions about coverage, need to file a claim, or need to obtain a pre-authorization for a test or treatment. You can use the call log below to keep track of your communications so you can reference the information later.

It's helpful to follow up with the insurance company to confirm that all of the required steps in any process are completed. Remember to submit all information you are asked to provide. If the representative provides a case or a reference number, add this in the "notes" column here for easy follow up.

DATE	NAME OF REPRESENTATIVE	REASON FOR CALL	NEXT STEPS	NOTES

UNDERSTANDING THE HEALTH INSURANCE PLAN

To estimate the cost of medical care, you and your loved one must understand the health insurance plan. Use this chart to view all the plan specifics in one place and to help estimate the total health insurance costs when creating a budget. If the insurance plan changes, the information must be updated. For example, there may be a different co-pay amount with a new plan.

Plan Name		
Type of Plan		
Primary Care Provider	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Specialists	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Treatment Center	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Other Medical Service Providers (Lab Tests, Infusions, Radiology)	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Premium	Per Month: \$ _____	Per Year: \$ _____
Maximum Out-of-Pocket Expense	Per Individual Per Year: \$ _____	Per Family Per Year: \$ _____
Co-pays and/or Co-insurance	CO-PAY	CO-INSURANCE
	Primary Care Visits: \$ _____	% _____
	Specialist Visits: \$ _____	% _____
	Hospitalization: \$ _____	% _____
	Emergency Room: \$ _____	% _____
	Urgent Care: \$ _____	% _____
Plan Status	\$ _____ of patient's \$ _____ individual deductible has been met	
	\$ _____ of patient's \$ _____ family deductible has been met	
	\$ _____ of patient's \$ _____ individual maximum out-of-pocket expense has been met	
	\$ _____ of patient's \$ _____ family maximum out-of-pocket expense has been met	

Estimated Total Health Insurance Costs

Once a treatment plan is in place, talk to someone at the treatment center's financial department who can advise you about estimated costs and payment plan options so that you can better estimate your total costs.

UNDERSTANDING THE HEALTH INSURANCE PLAN

Health Insurance Terms Glossary

Premium: The monthly cost of participating in the plan

Deductible: A fixed amount of money that must be paid out-of-pocket by a patient each year before the insurance plan will start to cover the bills

Co-Payments/Co-Pays: A set dollar amount that is paid by the patient at the time of service, for certain medical services and prescription drugs. Co-pays do not count toward the deductible.

Co-Insurance/Cost Share: The percentage of medical expenses shared by the patient and the health plan. This cost is in addition to any deductibles and co-payments.

Out-of-Pocket Expenses: The total amount of medical expenses that the patient is responsible for paying.

Out-of-Pocket Maximum: The limit on the total amount a health insurance company requires a patient to pay in deductible and co-insurance per year. After reaching an out-of-pocket maximum, the plan begins to pay 100% of covered medical expenses.

In-Network Provider: An in-network provider is contracted with an individual's health insurance company to provide services to plan members at a pre-determined lower rate.

Out-of-Network Provider: An out-of-network provider is not directly contracted with an individual's health insurance plan.

HEALTH INSURANCE APPEAL TRACKING FORM

STEP/ACTION	DATE	CONTACT NAME AND INFORMATION	EXPECTED RESPONSE DATE	NOTES/COMMENTS
BEFORE THE APPEAL IS STARTED				
Date of service (when medical service was received) and what service was received				
Claim sent to insurance provider				
Received response from insurance company (Explanation of Benefits (EOB) and/or other written communications)				
If claim denied, date I talked to my healthcare team and asked for supporting documentation I need				
Received supporting documentation from healthcare team				
INTERNAL APPEAL				
Sent insurance company my first appeal form (1st internal appeal)				
Received a response from my insurance company				
If internal appeal is denied, the date I received a written explanation from my insurance plan stating the reason that was given to deny my claim				
I filed my second appeal form (2nd internal appeal)—[only in cases where it is required by state law or company policy]				
If claim denied, I talked to my healthcare team and asked for any additional supporting documentation				
Received supporting documentation from healthcare team				
EXTERNAL APPEAL				
Filed forms and documentation for external appeal with the appropriate agency <ul style="list-style-type: none"> • Triage Cancer has the contact information for every state's health insurance agency available at www.triagecancer.org/stateresources 				
Received a response to my external appeal from the independent review organization/entity				

This form was adapted from Triage Cancer—Health Insurance Appeal Tracking Form ©2018.
 The original form is available at: www.triagecancer.org/AppealTrackingForm.