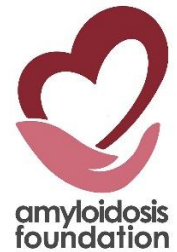


Section 8: Miscellaneous



In this section:

- Financial Assistance Record
- Insurance Call Log
- Health Insurance Appeal Tracking Form

How to use this section:

- Use this section to keep track of miscellaneous items.
- We have included some information that patients & caregivers have found helpful.

Notes:

Financial Assistance Record

When you apply for financial assistance, keep track of the applications (as outlined in the chart below) to make sure you submit everything and hear back from the programs in a timely manner. You may have to follow up with some programs. If a program provides reoccurring support, note that in the frequency column.

Assistance/Organization	Date Application Submitted	Status	Frequency: For example: one time, every month, etc.	Amount of Assistance Received
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
		<input type="checkbox"/> Applied/Pending <input type="checkbox"/> Granted <input type="checkbox"/> Denied		

Insurance Call Log

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

DATE	NAME OF REPRESENTATIVE	REASON FOR CALL	NEXT STEPS	NOTES

Health Insurance Appeal Tracking Form

Step/Action	Date	Contact Name and Information	Comments/Notes
Before the appeal is started			
Date of service (the date when medical service was received) and what service was received			
Claim sent to the insurance provider			
Received response from insurance company (Explanation of Benefits and/or other written communication.			
If claim denied, the 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 (1 st internal appeal)			
Received a response from my insurance company			
If internal appeal is denied, I received a written explanation from my plan stating the reason it used to deny my claim			
I filed my second appeal form (2 nd 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			
<p>Filed forms and documentation for external appeal with the appropriate agency</p> <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			