

## **Template and Instructions for Verbal Patient Appeals Telephone Call**

### **PURPOSE:**

This template is your guide to preparing to call your insurance company in response to their decision to deny coverage for the medication your physician prescribed.

The template below represents typical information for an insurance carrier. Insurance carriers could require more or less information than what is included in this template. Including this information does not guarantee insurance coverage or a positive result. The template below is provided for reference purposes only. Your appeals telephone call should align with your clinical records, personal treatment history, medical needs, and personal experience.

### **INSTRUCTIONS:**

Fill in the *blue/italicized text* with your information or details supporting your claim. The blue text is meant to guide your answer. You will need to change it to meet your needs. Having your notes organized and written out when you make your call will ensure that you can provide complete information to your insurance company.

If you cannot identify or locate any of this information, ask your Patient Support Case Manager for help.

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1. You will need to have the following information to identify yourself at the start of your call:

<i>Your full name</i>	
<i>Your full address</i>	
<i>Your city, state, and zip code</i>	
<i>Your phone number with area code</i>	
<i>Your email address</i>	

### **Policy information:**

Policy holder name: <i>(insert name)</i>	
Patient name: <i>(insert name, even if it is the same as above)</i>	
Policy number: <i>(policy number)</i>	

### **Information on Denial:**

<i>Date of Denial Letter and reason for denial</i>	
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2. You may need to have the following documents or information available for reference during your call. You may not have all of the following; gather as much as you have.
  - Denial Letter
  - Copies of preauthorizations
  - Copies of second opinions from additional Health Care Professionals