

Insurance Denial Appeal Log

Purpose

A centralized system to track, manage, and optimize insurance denial appeals. This log ensures visibility, accountability, and strategic follow-through across all payer interactions.

1. Case Overview

- Patient / Client Name:
- DOB / ID #:
- Insurance Provider:
- Policy / Member ID:
- Claim Number:
- Date of Service:
- Service / Procedure:
- Billed Amount:
- Denied Amount:

2. Denial Details

- Date Denial Received:
- Denial Code / Reason:
- Summary of Denial Explanation:
- Documentation Provided with Original Claim:
- Root Cause Category (check one):
 - Coding Issue
 - Medical Necessity
 - Authorization Missing
 - Eligibility Issue
 - Timely Filing
 - Other: _____

3. Appeal Strategy

- Appeal Level: (1st, 2nd, External Review)
- Appeal Submission Deadline:
- Key Argument / Positioning:
- Supporting Documentation Needed:
- Assigned Owner:
- Priority Level: (High / Medium / Low)

4. Interaction Log (Chronological)

Date	Action Taken	Contact	Notes

5. Appeal Submission Tracking

Appeal Submitted Date:

Submission Method: (Portal / Fax / Mail / Email)

Confirmation / Reference Number:

Documents Included:

Expected Response Timeline:

6. Outcome Tracking

Decision Date:

Outcome: (Approved / Partially Approved / Denied)

Approved Amount:

Remaining Balance:

Notes on Decision Rationale:

7. Escalation & Next Actions

Escalation Required? (Yes / No)

Escalation Path:

External Review Initiated: (Yes / No)

Additional Actions

8. Insights & Continuous Improvement

Patterns Identified:

Process Gaps:

Preventative Actions Moving Forward:

Training or System Changes Needed:

9. Status Dashboard

- Current Status: (Open / In Progress / Submitted / Closed)
- Days Since Denial:
- Days to Deadline:
- Last Updated: