

The Insurance Scripts



**The Phrases That
Make Them Reconsider**

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My Helpful Books
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- Financial advisor: For major financial decisions
- Licensed therapist: For emotional support and mental health guidance

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Denial Appeal Letter Templates

Claim Denied as "Not Medically Necessary" — Appeal Initiation Script

TO: [Insurance Company Name]

RE: Formal Appeal of Claim Denial — Claim #[Claim Number], Member: [Parent Name], Member ID: [ID Number], Date of Service: [Date], Date of Denial: [Date]

This is a formal appeal of your denial of [service/procedure/medication] on grounds of "not medically necessary."

I am requesting:

1. **The specific clinical criteria** your medical director used to determine [service] was not medically necessary
2. **Peer-to-peer review** between [Parent]'s treating physician and your medical director
3. **All internal notes and communications** regarding this denial decision
4. **Written explanation** of how this denial complies with [state] insurance law and [applicable federal law]

[Parent]'s treating physician, [Doctor Name], prescribed [service] for [medical condition].

Attached: Letter of Medical Necessity from treating physician

Please provide your written response within the timeframe required by my plan and applicable law. If you contend a different timeframe applies, please state the basis in writing.

I am also [consequence, i.e.: filing a complaint with the [State Insurance Commissioner] regarding this denial].

[Caregiver Name], [Date], [Contact Information]

Prior Authorization Denied — Expedited Appeal Script

TO: [Insurance Company Name] — EXPEDITED APPEAL DEPARTMENT

RE: EXPEDITED Appeal of Prior Authorization Denial Member: [Parent Name], Member ID: [ID Number], Denied Prior Auth Request #: [Number] Treatment: [Specific Treatment/Medication]

This is an **EXPEDITED** appeal of your prior authorization denial for [treatment].

This qualifies as expedited because [select applicable: "delay would seriously jeopardize [Parent]'s health" / "delay would subject [Parent] to severe pain" / "delay could cause permanent impairment"].

[Parent]'s condition: [brief medical condition description]

[Parent]'s treating physician, [Doctor Name], has stated this treatment cannot wait for standard appeal timeline.

Attached: Physician's statement of medical urgency

Under [state/federal] law, you must review expedited appeals within [24/72] hours. (Note: Verify timeline for your situation)

I am simultaneously filing a complaint with **[State Insurance Commissioner]** and requesting external review.

Contact me immediately at **[Phone]** with determination.

[Caregiver Name][Date]

Insurance Denial Appeal Template — Experimental/Investigational

[Date]

[Insurance Company Name] Attn: Appeals Department **[Address]**

Re: Appeal of Experimental/Investigational Denial for **[Parent's Name]** Policy Number: **[Policy Number]** Claim Number: **[Claim Number]** Date of Service: **[Date]**

Dear Appeals Reviewer,

I am writing to appeal your denial of coverage for **[Procedure/Service]** on the grounds that it is experimental or investigational.

Evidence of Standard Practice: **[Procedure/Service]** is not experimental. It is:

- FDA approved for this use since **[Year]**
- Recognized as standard of care by **[Professional Organization]**
- Covered by Medicare and other major insurers
- Recommended in clinical guidelines published by **[Organization]**

Dr. **[Physician Name]** has provided a letter explaining why this treatment is medically appropriate and not experimental for **[Parent]**'s condition.

Request: I request reversal of this denial. Please respond within **[Timeframe per policy]**. If denied, please provide a written explanation of external review rights.

Enclosed Documentation:

- Physician letter
- Medical literature supporting standard-of-care status
- FDA approval documentation
- Professional organization guidelines

Sincerely,

[Your Name] [Phone Number] [Email Address]

DME (Durable Medical Equipment) Denial — Appeal Script

TO: **[Insurance Company Name]** — DME Appeals Department

RE: Appeal of DME Denial — **[Equipment Name]**, Member: **[Parent Name]**, Member ID: **[ID Number]**, Claim/Request #: **[Number]**, Date of Denial: **[Date]**

This is a formal appeal of your denial of **[DME]**.

[Parent]'s physician, **[Doctor Name]**, prescribed this equipment on **[date]** for the following medical reasons:

[Medical necessity]

Your denial states **[reason for denial]**.

I believe this denial may be incorrect because:

1. Our physician has determined that **[Parent]** meets the medical necessity criteria under your policy: **[cite specific policy language if available]**
2. Physician has documented **[specific medical findings supporting need]**
3. It is our understanding that **[Equipment]** is the least costly alternative to **[more expensive option]**

Attached:

- Physician's Letter of Medical Necessity
- Medical records documenting condition
- Mobility assessment
- Documentation of failed alternative options (if applicable)

I request:

1. **Peer-to-peer review** between prescribing physician and your medical director
2. **Reconsideration** based on complete medical documentation
3. **Expedited review** if applicable (equipment needed for safety/discharge)

Please provide your written response within the timeframe required by my plan and applicable law. If you contend a different timeframe applies, please state the basis in writing.

[Caregiver Name], [Date]

What to expect after:

- Insurance may request additional documentation
- They may schedule peer-to-peer review
- They may deny again (then escalate to external review)
- Timeline varies by state and insurance type

Out-of-Network Balance Bill — Dispute Script

TO: [Billing Department/Provider Name]

RE: Dispute of Balance Bill — Account #[Number], Patient: [Parent Name], Date of Service: [Date]

I received a balance bill for \$[amount] for services provided by [provider/facility].

I am disputing this bill on the following grounds:

[Select applicable:]

- Services were provided at an in-network facility; under the No Surprises Act, out-of-network providers at in-network facilities cannot balance bill
- This was emergency care; under the No Surprises Act, emergency services must be billed at in-network rates regardless of provider network status
- I was not given advance notice that this provider was out-of-network
- Insurance was not properly filed or processed

I am requesting:

1. **Re-bill insurance at in-network rate**
2. **Written explanation** of why you believe balance billing is permitted in this case
3. **Hold collection activity** until dispute resolved

I am also filing a complaint with:

- **[State Insurance Commissioner]**
- **Federal No Surprises Act complaint line** (if applicable)
- **State Attorney General** (if applicable)

Do not send this account to collections until this dispute is resolved.

[Caregiver Name][Date]

Prior Authorization Scripts

Prior Authorization Phone Script — Opening

I'm calling to request prior authorization for [Parent's Name], policy number [Number].

The procedure is [Name], CPT code [Code] if known, scheduled for [Date].

Dr. [Physician Name] has determined this is medically necessary for [Brief Reason].

Prior Authorization Phone Script — Verbal Denial Response

I need that denial in writing per your policy.

What's the reference number for this call?

When will I receive the written denial letter?

Prior Authorization Phone Script — Information Request Response

What specific information do you need?

I'll have Dr. **[Name]**'s office fax it today.

What's the fax number and reference number?

When will you make the determination once you receive it?

Prior Authorization Phone Script — Delay Response

[Parent] takes **[medication]** for **[condition]**.

You've had the prior authorization request for **[duration]**.

[Parent] has **[number]** days of medication left.

If this medication is interrupted, **[medical consequence]**.

I need one of two things right now:

1. **Expedited approval** of the prior authorization by end of today, OR
2. **Bridge supply** (30-day emergency supply) while PA is processed

I'm calling from **[doctor's office with them / with parent present / as healthcare POA]**.

What's the approval status and what's being done to resolve this **today**?"

[Document representative name, reference number, and response]

WRITTEN FOLLOW-UP (Same Day):

TO: [Insurance Company] — Prior Authorization Department

**RE: URGENT — Delayed Medication Prior Authorization, Member: [Parent Name],
Member ID: [ID Number], PA Request #: [Number]**

This is urgent follow-up to phone call today at **[time]** with representative **[name]**, reference **#[number]**.

[Parent] has **[X days]** of **[medication]** remaining.

Your PA has been pending since **[date submitted — X weeks ago]**.

[Parent]'s prescribing physician, **[Doctor Name]**, states this medication cannot be stopped without serious medical consequences: **[specific consequences]**.

As discussed on phone, I'm requesting:

Immediate PA approval by **[end of today / tomorrow]**, ORBridge **supply** authorization for 30 days while PA processed

If neither happens by **[deadline]**, I'm filing complaints with:

- **State Insurance Commissioner**
- **State Medical Board** (delayed care)
- **CMS** (if Medicare/Medicaid)

[Caregiver Name], **[Date, Time]**

Prior Authorization Phone Script — Closing

Let me confirm:

Reference number **[Number]**, decision by **[Date]**, written denial will be mailed if denied.

Is that correct?

[Wait for confirmation.]

Thank you.

Call Closing Confirmation Script

Before we end this call:

What is the reference number?

What is the timeline for next steps?

Who should I contact if I don't hear back by **[Date]**?

What is your name and extension?

"Written Denial Request"

Written Denial Request Phrase

"I need this denial in writing per your policy."

Alternate Versions:

"I need this denial in writing as required by applicable insurance regulations."

“I need this denial in writing per state insurance regulations.”

Why This Works: Requesting denial "in writing" triggers the insurer's procedural obligation to document denial formally, creating appeal rights and audit trail. Requesting a denial in writing preserves your legal rights and creates the necessary paper trail required for any future appeal.

Phone Escalation Scripts

Supervisor Escalation Script - Insurance

I need to speak with a supervisor.
The reference number for this call is [Number].
The issue is [Brief Description of Problem].
I'll hold.

Insurance Escalation Demand Script (Persistent Issues)

Use this when you have called multiple times without resolution.

This is my third call about this issue. I need a supervisor immediately. If none is available, I need a callback within 24 hours or I'm filing a complaint with the state insurance commission.

Call Closing Confirmation Script

Before we end this call:
What is the reference number?
What is the timeline for next steps?
Who should I contact if I don't hear back by [Date]?
What is your name and extension?

Universal Power Phrases

- “That’s unacceptable.”
- “What’s your name and ID number?”
- “I’m documenting this conversation.”
- “I need that in writing.”
- “What’s the next level of authority?”
- “I’ll wait while you check.”
- “That doesn’t answer my question.”

Documentation Checklist

Email Documentation Template

Use this to create a paper trail immediately after a phone conversation.

Subject: Documentation: Phone Call [Date] RE: [Topic]

Hi **[Name]**, Per our phone conversation today at **[Time]**, I want to confirm my understanding:

You stated:

- **[Key point 1]**
- **[Key point 2]**
- **[Key point 3]**

I stated:

- **[Your position/request]**

We agreed to:

- **[Action item 1] by [Date]**
- **[Action item 2] by [Date]**
- **[Action item 3] by [Date]**

Please reply to confirm this is accurate, or let me know if I've misunderstood anything.

Thank you,

[Your name]

Incident Documentation Log

Documented by: **[Your Name]**

Date of documentation: **[Today's Date]**

Patient: **[Parent's Name]**

Location: **[Hospital Name, Room Number / Doctor's Office / ER]**

INCIDENT SUMMARY

Date of incident: **[Date]**

Time: **[Time, as specific as possible]**

WHAT HAPPENED (chronological):

**[Time] - [Event/observation] [Time] - [Event/observation] [Time] - [Event/observation]
[Time] - [Event/observation]**

WHO WAS INVOLVED:

- Patient: **[Name]**
- Staff present: **[Names, roles]**
- Witnesses: **[Names, if any]**
- Who I spoke to: **[Names]**

SPECIFIC CONCERNS:

- **[What specifically went wrong]**
- **[What should have happened]**
- **[Patient outcome / harm]**

WHAT I DID:

- **[Who I notified: nurse, charge nurse, patient relations, etc.]**
- **[Date/time of notifications]**
- **[Any written communication sent]**

NEXT STEPS:

- File complaint with **[specific office]**
- Request medical records
- Follow up with **[person/office]** by **[date]**

SUPPORTING DOCUMENTS (attach if available):

- Photos
- Discharge paperwork
- Medical records
- Email/text correspondence

Care Decision Log

These templates help you organize your personal records, which may be useful when consulting with an attorney.

WARNING: While these forms help you organize care, they are also permanent records. In a legal dispute (such as a guardianship hearing or will contest), these logs can be subpoenaed and read by a judge or opposing attorney. Keep all entries strictly factual (who, what, when, where). Do not use these forms to vent emotions, complain, or admit to impulsive thoughts. Keep a separate, private journal for your feelings that is not kept with your care records.

CARE DECISION RECORD	
Decision Date:	____ / ____ / ____
Decision Required:	_____
Urgency Level:	<input type="checkbox"/> Emergency <input type="checkbox"/> Within 24 hrs <input type="checkbox"/> Within 1 week <input type="checkbox"/> Planning
Decision Category:	<input type="checkbox"/> Medical <input type="checkbox"/> Financial <input type="checkbox"/> Living Situation <input type="checkbox"/> Daily Care <input type="checkbox"/> Legal

OPTIONS CONSIDERED

Option 1: _____
 Pros: _____ Cons: _____ Cost: _____

Option 2: _____
 Pros: _____ Cons: _____ Cost: _____

Option 3: _____
 Pros: _____ Cons: _____ Cost: _____

PROFESSIONAL CONSULTATION

- Doctor consulted: _____ Date: _____ Recommendation: _____
- Attorney consulted: _____ Date: _____ Recommendation: _____
- Social Worker consulted: _____ Date: _____ Recommendation: _____
- Financial Advisor consulted: _____ Date: _____ Recommendation: _____

FAMILY CONSULTATION

- Notified family on: _____ Method: Email Call Meeting
- Family members who agreed: _____
- Family members who disagreed: _____
- Family members who didn't respond: _____

PARENT'S INPUT (if capable)

- Parent was consulted: Yes / No / Unable due to cognitive status
- Parent's stated preference: _____
- Witnesses to parent's statement: _____

FINAL DECISION & OUTCOME TRACKING

Decision made: _____
 Rationale: _____
 Expected outcome: _____
 Actual outcome (complete later): _____
 Date reviewed: _____ Would I make the same decision? Yes / No
 Lessons learned: _____

My Helpful Books

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To speak freely and honestly about the difficult realities of family caregiving, the author has chosen to write under the pen name Sarah Mitchell. While the strategies and coping mechanisms in this book are based on real-world scenarios, names, identifying details, and personal circumstances have been altered or constructed to protect the privacy of individuals and to present a cohesive guide. The advice contained herein is based on research and general principles, not the specific personal history of the author.

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