

The Medical Advocacy Vault



**110+ Scripts & Tools For When
The System Won't Listen**

Sarah Mitchell

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Sarah Mitchell

My Helpful Books
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Start Here: When You're Overwhelmed

If you're reading this, something has probably gone sideways — a denial, a frightening appointment, a hospital pushing you out the door, or a loved one who needs you to speak up. You don't need the right words or a perfect understanding of the system. Start where you are, find the situation closest to yours below, and turn to that part of the Vault.

"My insurance denied something." → Go to **Insurance and Billing**. Read **Before You Appeal: Know Your Plan and Your Appeal Rights** first, then use the denial-specific script that matches your situation (medication, equipment, therapy, a surprise bill). Keep the denial letter or EOB — it tells you exactly what to address.

"I have an appointment coming up and I'm anxious." → Go to the **Pre-Appointment Preparation Sheet**, then fill out the **Symptom Summary** to organize what's been going on. Bring both — you can hand the summary to your provider.

"I'm in the ER right now." → Go to the **ER Go-Bag Checklist** and the **ER Scripts Collection**. If a sudden change isn't being addressed, see **Family-Activated Rapid Response**.

"They're trying to discharge us and it isn't safe." → Go to **Hospital Discharge Pressure** — and if your loved one has Medicare, **Fighting a Hospital Discharge — Medicare Fast Appeal (QIO)**.

"I need a medication refill." → Use the **Prescription Refill Request** script, and keep your **Medication List** updated.

"I'm worried about a nursing home, rehab, or assisted-living facility." → Go to **Skilled Nursing Facility / Rehab** and the **Complaint Escalation Map — Nursing Home / Long-Term Care Facility** (it includes the free Long-Term Care Ombudsman).

"I need my medical records." → Go to **Medical Records Request**.

"I want to keep track of what's happening day to day." → Use the **Medication List** and the **Pain & Fatigue Journal**. These also make your appointments — and any appeal — much stronger.

"I'm making a big treatment decision." → See **Understanding Before You Consent, Requesting an Independent Second Opinion on Diagnosis or Pathology, the Treatment Options — Decision-Comparison Worksheet, and Your Values, Boundaries, and Goals — Care Statement.**

"I'm doing this for someone else." → Every script works the same way — speak as yourself and add your relationship (for example, "I'm helping my father, who has been dealing with..."). If you don't have legal authority yet, see **Presenting Your Healthcare Proxy / Power of Attorney** and **Being Added as an Authorized Contact.** And it's fine to write "I don't know" on a form — just say what you *do* know.

Not sure how hard to push in any situation? The **Escalation Decision Matrix** at the back helps you decide when to stay collaborative and when to escalate. And before relying on anything in this Vault, read the **Legal Disclaimer** at the front.

The First 48 Hours — Crisis Checklist

When a loved one is suddenly hospitalized, the first two days are chaotic and decisions come fast. This is the order of operations to steady yourself and take charge. Work top to bottom — you don't have to do it all at once.

Right away:

- Get to the bedside (or on the phone with the unit) and write down the **hospital, unit, room, and main phone number**
- Identify the **attending physician** and the **charge nurse** by name, and how to reach them
- Present your **healthcare proxy / POA**, if you have it, and ask that a copy go in the chart (see Presenting Your Healthcare Proxy / Power of Attorney)
- If you don't have authority, ask who the recognized decision-maker is, and set up permission to get information (see Being Added as an Authorized Contact)
- Ask the key question: **is [Loved One] admitted (inpatient) or on observation status?** (see Inpatient vs. Observation Status Clarification Script)

First several hours:

- Start a **medication check** — what **[Loved One]** normally takes vs. what's being given now (use your Medication List)
- Write down the **working diagnosis, the plan, and the next decision point**
- Confirm **allergies and code status (DNR/DNI)** are correctly in the chart
- Ask what to **watch for** and who to call if something changes — and whether the hospital has a family-activated rapid response (see Family-Activated Rapid Response)
- Set up **one family-update channel** so you're not repeating everything to everyone (use the Family Update Templates)

First day or two:

- Start your **interaction log** — date, time, who you spoke with, what was said (see Interaction Log)
- Ask to meet the **case manager / discharge planner** early, and what discharge will require (see Hospital Discharge Pressure)
- Request **records and test results** as they come (see Medical Records Request)
- Bring your **Symptom Summary** and **Personal & Family Medical History Summary** so the team has the full picture
- Line up **what you'll need at home** before discharge is announced, not after

You won't get everything perfect, and you don't need to. The goal is to be informed, present, and on record — one step at a time.

ER Go-Bag Checklist

ER GO-BAG CHECKLIST *Keep this list with the bag. Grab bag when heading to ER.*

DOCUMENTS (keep in folder/envelope in bag)

- Insurance card (front and back copy)
- Medicare/Medicaid card (if applicable)
- Photo ID for **[Loved One]**
- List of current medications (name, dose, frequency)
- List of allergies
- Recent medical records (last hospital discharge, recent test results)
- Emergency contacts list (family, primary care doctor, pharmacy)
- Healthcare proxy/power of attorney documents (if applicable)

MEDICATIONS (bring actual bottles)

- All current prescription medications in original bottles
- Over-the-counter medications **[Loved One]** takes regularly
- Inhalers, insulin, or other critical medications

PERSONAL ITEMS (for Loved One comfort)

- Glasses, hearing aids, dentures
- Phone charger
- Small comfort item
- Notepad and pen

FOR YOU

- Your phone + charger
- Snack and water bottle
- Cash/credit card
- This script collection (on phone or printed)

BEFORE YOU LEAVE

- Lock doors
- Bring purse/wallet
- Text someone where you're going

WHEN YOU ARRIVE

- Check in at triage desk
- Provide insurance card and ID
- State primary concern clearly
- If wait is long and symptoms worsen, use triage escalation script

ER Scripts Collection

Note: ER situations are high-stress for **everyone**. Be firm but not hostile.
And document everything in writing.

ER Refusing to Admit

You're saying **[Loved One]** is ready for discharge.

I'm observing **[specific concerning signs]**.

[Loved One] came to the ER for **[presenting complaint]**.

That hasn't been resolved.

I'm requesting:

1. **Hospitalist consultation** for admission consideration
2. **Observation status** at minimum (23-hour observation)
3. **Documentation** in chart that caregiver expressed concern about discharge readiness

If you discharge **[Loved One]** and **[he/she]** returns to ER within **[24/48]** hours, I want today's visit notes showing I objected to discharge.

I'm also requesting:

- **Written discharge instructions** with specific "return to ER if" criteria
- **Follow-up appointment** scheduled before we leave
- **Prescriptions** if new medications ordered

Who is the attending physician I can speak with about admission?

ER Wait Time Excessive

[Loved One — full name] has been here for **[X hours]**.

We checked in at **[time]** for **[presenting complaint]**.

[He/She] has been **[describe what's happened]**.

Current status: **[Loved One's current condition]**.

I need to know:

1. **When will [Loved One] be evaluated?** (if not yet seen)
2. **What tests have been ordered and when will results be available?** (if evaluated but waiting)
3. **What's the treatment plan?** (if results are back)
4. **When can we expect disposition decision?** (admit vs. discharge)

If I don't get an update in the next **[15/30 minutes]**, I'm requesting to speak with:

- The charge nurse
- The ER supervisor
- Patient advocate

[Loved One] shouldn't be waiting this long in this condition without information.

Triage Escalation Script — Chest Pain

[Loved One] has had chest pain for **[Duration]**.

The pain is **[worsening/now radiating to arm/now with shortness of breath]**.

I am concerned these symptoms may indicate a serious emergency.

If appropriate under your protocols, please consider an EKG and immediate physician assessment.

Please document that I requested an urgent evaluation.

Triage Escalation Script — Chest Pain Denied

I understand you're busy.

Chest pain requires immediate evaluation to rule out a cardiac event.

[Loved One] has been waiting **[Duration]** with **[Symptoms]**.

I need you to activate chest pain protocol and document this request in the triage record.

ER Doctor Dismissing Concerns — Escalation to Supervisor Script

I've reported **[specific symptoms/observations]** to you.

Your response was **[state doctor's response or dismissal]**.

I need to speak with your supervising physician or the ER attending now.

I'm also requesting that my concerns about **[specific issue]** be documented in **[Loved One]**'s chart, along with the fact that I requested to speak to a supervisor.

Who is the attending physician on duty?

Triage Escalation Script — Stroke Symptoms

[Loved One] has **[describe specific symptoms: e.g., facial drooping, weakness, speech issues, vision loss, or balance problems]** that started **[Duration]** ago.

I am concerned these symptoms may indicate a serious emergency..

Time is critical.

I am requesting immediate clinical evaluation by a qualified clinician.

Please document this in the triage record.

Triage Escalation Script — Fall/Head Injury

[Loved One] fell and hit **[his/her]** head **[Duration]** ago.

Since then, **[he/she]** has **[vomiting/confusion/drowsiness/headache/bleeding]**.

I am requesting a trauma assessment to rule out internal injury.

I need a physician to evaluate now.

Please document this request.

Triage Escalation Script — Respiratory Distress

[Loved One] is having difficulty breathing.

[He/She] has been [wheezing/gasping/unable to complete sentences/breathing rapidly] for [Duration] and it's getting worse.

Please consider checking [Loved One]'s oxygen levels.

I am requesting immediate clinical evaluation by a qualified clinician.

Please document this request.

Triage Escalation Script — Altered Mental Status

[Loved One] is suddenly confused.

This is not [his/her] baseline.

[He/She] started [not recognizing family/unable to answer questions/acting disoriented] about [Duration] ago.

I am concerned this is neurological and requesting an immediate assessment.

I need a physician now.

Please document this.

Documentation Request Script — ER

Please document in the chart that I raised concern about [Specific Concern] at [Time].

Family-Activated Rapid Response ("Condition HELP")

*Many hospitals let a **patient or family member directly summon a Rapid Response Team** when they see a worrying change and the bedside team isn't responding. It goes by different names — **Condition HELP, Condition H, Call for Help**. Use it for a **genuine, acute change** (sudden trouble breathing, sudden confusion, unresponsiveness) when your attempts to get help aren't working — **not** for slow service or routine requests, and never as a substitute for emergency services. **If you're not in a hospital and it's an emergency, call 911.***

Ask at admission, before you need it:

Does this hospital have a **patient- or family-activated rapid response system** — sometimes called Condition Help or Condition H — that I can call directly if I'm worried and can't reach the team? If so, what number do I call, and where is it posted? If not, who do I call if I see a sudden change and the nurse isn't immediately available?

Activating it (use the hospital's posted number/process):

I'm activating a rapid response for **[Loved One]** in room **[number]**.

There's been a sudden change: **[describe factually — e.g., "breathing has become fast and labored in the last few minutes," "suddenly not responding normally to me"]**.

I haven't been able to get this addressed and I'm concerned it's urgent. Please send the rapid response team.

Difficult Family Dynamics & Refusal

IMPORTANT: Only qualified medical professionals can assess decision-making capacity. The following script requests a professional capacity assessment—it does not authorize you to make capacity determinations yourself.

Note: These are among the most emotionally difficult conversations. Take your time. Get support.

Loved One Refusing Life-Saving Treatment — Capacity Assessment Request Script

[Loved One] is refusing **[treatment]** that **[Doctor name]** says is **[medically necessary / life-saving / critical]**.

I respect **[his/her]** right to refuse treatment if **[he/she]** understands the consequences.

But I'm concerned **[Loved One]** may not fully understand what refusing means, because **[specific observations: confusion, inconsistent statements, doesn't seem to grasp severity]**.

I'm requesting:

1. **Formal capacity assessment** by **[psychiatrist / neurologist / capacity assessment team]** to evaluate whether **[Loved One]** has decision-making capacity regarding this treatment
2. **Clear explanation to [Loved One]** of:
 - What this treatment is and why it's recommended
 - What happens if **[he/she]** refuses
 - Timeline and consequences
3. **Documentation** in chart that caregiver raised capacity concerns

If **[Loved One]** has capacity and still refuses after understanding consequences, I respect that decision.

But I need to know **[he/she]** truly understands what **[he/she]** is choosing.

Do Not Resuscitate (DNR) Discussion — Code Status Clarification Script

To Loved One: The doctors are asking about your wishes if your heart stops or you stop breathing. This is called "code status." I want to make sure we understand exactly what the doctors are asking.

To the Doctor/Nurse: Can you please explain to both of us, in plain English, exactly what 'Full Code' and 'DNR' mean for my [Loved One] specifically? What specific procedures would be done or withheld?"

To Loved One, after Doctor explains:

Based on what the doctor just explained, what are your wishes?

Important: DNR generally does **NOT** mean:

- They stop treating you for other things
- They don't give you pain medication
- They don't do surgery or other treatments

DNR only applies if your heart stops or you stop breathing.

What are your wishes?

Do you want them to do CPR and use a breathing machine if needed?

Or do you want to pass naturally if your heart stops?

I'll make sure your wishes are documented and respected.

Hospice Recommendation Resistance — Hospice Education Script

The doctor is recommending hospice for **[Loved One]**.

I know "hospice" sounds scary, like we're giving up.

Here's what hospice actually is:

What hospice provides:

- **Pain and symptom management** (often better than what we're getting now)
- **Nurse visits** to home multiple times per week
- **Medical equipment** (hospital bed, oxygen, etc.) provided
- **Medications** related to diagnosis covered
- **24/7 on-call support** for crises
- **Respite care** (aide coverage to give me breaks)
- **Social worker and chaplain** support

What hospice is NOT:

- Not "giving up" — it's focusing on comfort and quality of life
- Not immediate death — some people are on hospice for months or longer
- Not irreversible — if **[Loved One]** improves, we can revoke hospice

Current situation without hospice:

- **[Loved One]** is in pain at **[level]**
- We're managing symptoms poorly
- I'm overwhelmed with no professional support
- **[Loved One]**'s quality of life is suffering

With hospice:

- Better pain control
- Professional support in the home
- **[Loved One]** can be comfortable
- I get help

This isn't about giving up. It's about making **[Loved One]** comfortable and getting the support we need.

Can we at least meet with the hospice team to learn more?

Requesting a Palliative Care Consult (Not Hospice)

Palliative care is a medical specialty focused on **relieving pain, symptoms, and the stress of a serious illness — at any age and any stage — delivered alongside treatment aimed at the illness itself**. Unlike hospice, it can begin at diagnosis and runs at the same time as curative or disease-directed treatment. Choosing it does **not** mean giving up on treatment. A consult is usually ordered by a physician, but patients and families can ask for one.

I'd like to request a **palliative care consult** for **[Loved One]**.

I understand palliative care focuses on managing pain, symptoms, and stress alongside **[Loved One]**'s current treatment, and that it's **not** the same as hospice.

We're dealing with **[uncontrolled pain / difficult symptoms / complex decisions / repeated hospitalizations]**, and that extra layer of support would help.

Could the attending physician place the order, and can someone tell me when the team will see **[Loved One]**?

Requesting a Family Care Conference (Goals-of-Care Meeting)

When there are big decisions, several specialists involved, or confusion about the plan, you can ask for a **care conference** — a single sit-down with the care team and family instead of piecing updates together.

I'd like to request a **family care conference** about **[Loved One]**'s care.

I'm hoping to get the key members of the team in one conversation so we can understand the overall picture, the options, and the plan.

Could we schedule that, let me know who will be there and when, and document that I requested this meeting?

Requesting an Ethics Committee Consultation

Note: At most hospitals anyone — including a family member — can request an ethics consult; check your hospital's specific process.

Most hospitals have an **ethics committee** (or on-call ethics consultant) that helps patients, families, and care teams work through difficult or conflicting situations — for example, when family members disagree about the plan, when there's a conflict between the patient's wishes and others' views, or when there's genuine uncertainty about the right course. It is a support and mediation resource; it does not take decision-making away from the patient or proxy.

I'd like to request an **ethics consultation** regarding **[Loved One]**'s care.

The situation is: **[briefly and neutrally describe — e.g., "the family isn't in agreement about the plan of care," or "we're unsure how to honor [Loved One]'s stated wishes"]**.

Could you tell me how to request a consult here, and please document my request in the chart.

Your Values, Boundaries, and Goals — Care Statement

Putting what matters most into writing helps the whole team align care around your loved one's priorities, not just the default protocol. This isn't a legal directive (for those, ask an attorney about advance directives), but it's a powerful tool to share at an appointment, a hospital stay, or a care conference.

Read-aloud: These are **[Loved One]**'s priorities and boundaries. I'm asking that recommendations align with them, or that the team explain the trade-off if they can't.

Consider writing down:

- **What matters most right now** — e.g., length of life, comfort, independence, being home, a specific goal or event.
- **What [Loved One] is and isn't willing to trade** for more time or a chance of benefit (e.g., hospital time, side effects, loss of function).
- **Non-negotiables** — things **[Loved One]** does not want.
- **Who speaks for [Loved One]** if they can't, and who should be kept informed.
- **Questions the team should always answer** before a major change — benefit in real numbers, the alternatives, and the effect on the priorities above.

Advance Directive — Decision Worksheet (Preparation, Not a Legal Document)

Disclaimer: *This worksheet helps your Loved One think through choices and have the conversation with the doctor and family. It is **not** an advance directive and does not replace one. To create the legal document, use your state's official advance directive form or an attorney — signing, witness, and notarization rules vary by state.*

Work through these the way your Loved One would want them answered, then take the answers to the doctor and into the official form:

- **Life-sustaining treatment** (e.g., CPR, a breathing machine) if there is little or no chance of meaningful recovery: **[want all available treatments / want to be allowed a natural death / try for a limited time, then stop if there's no improvement]**
- **Artificial nutrition and hydration** (feeding tube, IV fluids): **[continue / discontinue if no reasonable chance of recovery / do not want it]**
- **Comfort and pain management:** **[keep me comfortable with all available medication, even if it may hasten death / standard pain management only]**
- **Preferred place of care** at the end of life, if possible: **[home / hospital / hospice / no preference]**
- **Who speaks for [Loved One]** if they can't — and a backup — and **who should be kept informed:** **[names]**
- **Anything else the care team and family should know**, in **[Loved One]**'s own words: **[...]**

Bring this to the doctor and ask that it be discussed and reflected in the official documents — and, for a seriously ill patient, in a POLST/MOLST where appropriate.

MEDICATION/TREATMENT REFUSAL

Cognitive decline note: If refusal is due to dementia or cognitive impairment, logic-based scripts are unlikely to work. Consider capacity assessment and environmental controls.

Level 0-1: Understanding the Refusal

Exploring Medication Concerns — Collaborative Script

I noticed you haven't been taking **[medication]**.

I'm not trying to force you—I just want to understand what's going on.

Is there something about this medication that bothers you? Side effects? The way it makes you feel? Concerns about it?

Let's talk about it. Maybe there's a solution we haven't thought of.

Level 2-3: When Refusal Continues

Loved One Refusing Prescribed Medication — Physician Loop-In Script

TO: [Doctor Name]

RE: [Loved One Name] — Medication Non-Compliance

[Loved One] is refusing to take **[medication name/dose]** that you prescribed on **[date]**.

[He/She] has refused for **[duration]**.

[Loved One]'s stated reason: **[reason or "refuses to give reason"]**

I've explained **[what you've explained]**, but **[he/she]** continues refusing.

I need you to:

1. **Call [Loved One] directly** to discuss this refusal
2. **Evaluate whether [Loved One] has decision-making capacity** regarding medical treatment
3. **Document this refusal** in case of medical consequences

I am not preventing **[Loved One]** from taking this medication—**[he/she]** is refusing it despite my efforts.

If this medication is medically critical, please advise what my next steps should be.

[Caregiver Name][Date]

Loved One Refusing Physical Therapy — Consequence Disclosure Script

[Doctor Name] prescribed **[type of physical therapy]** because **[medical reason]**.

You're refusing to do it.

If you don't do physical therapy, we need to discuss the realistic decline in your mobility and independence that the doctor warned us about.

I can't provide that level of help. Here's the choice: Do the physical therapy **[frequency]**, or we arrange for **[alternative: assisted living, 24/7 aide]**.

I'm not substituting for physical therapy. If you lose function because you won't do therapy, we'll need professional help.

Which are you choosing?

Loved One Stopping Treatment Without Telling Doctor — Emergency Physician Alert

MESSAGE TO DOCTOR:

TO: [Doctor Name] — URGENT

RE: [Loved One Name] — Treatment Discontinuation

[Loved One] stopped taking **[medication/following treatment plan]** approximately **[when]** without telling you.

I discovered this **[how]**.

Given **[Loved One]**'s **[condition]**, this could cause **[medical risk if known]**.

[Loved One] needs to hear directly from you about:

1. **Medical risks of stopping this treatment**
2. **Whether [he/she] has decision-making capacity** to refuse medically necessary treatment
3. **What the plan is** if **[Loved One]** continues refusing

Please call **[Loved One]** at **[phone]** as soon as possible.

SCRIPT TO Loved One:

I told **[Doctor Name]** that you stopped **[medication/treatment]**. I'm not hiding medical decisions from your doctors.

If you don't want to take **[medication]** or do **[treatment]**, you need to have that conversation with **[Doctor Name]** directly so **[he/she]** can adjust your care plan.

But I'm not going to manage your health while keeping secrets from the people who prescribed your treatment.

HOSPITAL DISCHARGE PRESSURE

IMPORTANT NOTE ON REFUSING DISCHARGE: In some states (PA, NJ, KY, etc.), laws known as 'Filial Responsibility Statutes' may hold adult children financially liable for their Loved Ones' medical or nursing home bills. Before refusing to take a Loved One home to force a facility placement, verify your state's laws to ensure you are not inadvertently accepting financial liability for their care.

Discharge Before Safe — Medical Instability Objection Script

[Loved One] is still experiencing **[list specific symptoms/issues]**.

I'm formally objecting to discharge while these issues are unresolved.

I need this documented in **[his/her]** chart:

1. Caregiver raised concerns about **[specific issues]**
2. Hospital proceeded with discharge despite stated concerns
3. Caregiver stated **[he/she]** cannot safely manage **[specific care needs]** at home

What is the medical justification for discharge given **[stated continuing symptoms]**?

No Home Care Plan Arranged — Service Requirement Script

[Loved One] requires **[list required services]**.

None of this has been arranged yet.

I cannot provide **[professional services caregiver can't provide]**.

I am formally objecting to discharge and requesting a hold on the process until::

1. **[Service 1]** is scheduled and confirmed (not "pending")
2. **[Service 2]** is delivered and set up at home
3. I have written confirmation of **[Service 3]** start date

Who is the discharge planner assigned to **[Loved One]**'s case, and when will these arrangements be completed?

Discharge Negotiation Script — Fall Risk

I'm concerned **[Loved One]** isn't ready for discharge.

[He/She] fell **[Number]** times **[yesterday/this week]** trying to get to the bathroom and **[he/she]** is still unsteady.

These are safety concerns.

I need the attending physician to re-evaluate before discharge.

If you're proceeding anyway, please document this objection in the chart and provide written discharge instructions addressing fall risk.

Discharge Negotiation Script — Mental Status

I'm concerned **[Loved One]** isn't ready for discharge.

[He/She] is still confused about **[his/her]** medications and cannot follow discharge instructions.

This is a safety concern.

I need the attending physician to re-evaluate before discharge.

If you're proceeding anyway, please document this objection in the chart.

Discharge Negotiation Script — Symptom Control

I'm concerned **[Loved One]** isn't ready for discharge.

[His/Her] **[pain/nausea/shortness of breath]** is not controlled — **[he/she]** rated it **[Number]** out of 10 this morning.

This is a medical stability issue.

I need the attending physician to re-evaluate before discharge.

If you're proceeding anyway, please document this objection in the chart.

Discharge Negotiation Script — Insurance Pressure

If **[Loved One]** is being discharged because insurance denied additional days, I need that denial in writing.

If **[Loved One]** is being discharged because **[he/she]** is medically ready, I disagree and need the attending physician to re-evaluate.

Either way, please document my objection in the chart.

Being Pressured to Take Loved One Home — Capacity Rejection Script

WARNING: If you live in PA, NJ, KY, or other states with "Filial Responsibility" laws, refusing to take a Loved One home can sometimes make YOU personally liable for their nursing home bills. Consult a local elder law attorney before using this specific refusal script.

You're telling me **[Loved One]** needs **[specific care requirements]** at home.

I don't have the **[medical training / physical capacity / resources]** to provide that safely.

I can provide **[what you can actually provide]**, but not **[what's being requested]**.

I am personally unable to perform the **[care needs]** required to make this discharge safe.

I need social services and discharge planning involved now to arrange **[appropriate level of care]**.

Expected to Provide 24/7 Care at Home — Capacity Boundary Script

The discharge plan assumes I'll provide 24/7 care.

My capacity is **[specific hours/days you can provide]**.

[Loved One] needs **[care requirements beyond your capacity]**.

I can't provide that.

Before discharge, we need:

[Paid overnight aide] for **[specific hours]**, or **[Home health nurse]** for **[specific tasks]**, or **[Skilled nursing facility]** placement

Which option is the hospital arranging?

Medical Equipment Not Set Up Yet — Delay Discharge Script

[Loved One] requires **[list required equipment]**.

This equipment hasn't been delivered or set up yet.

It's not safe to discharge **[him/her]** without **[critical equipment]** in place.

I need written confirmation that:

1. **[Equipment]** has been delivered to **[address]**
2. It's been set up and is functioning
3. I've been trained on how to use it (if applicable)

I'm not transporting **[Loved One]** home until this is confirmed.

Inpatient vs. Observation Status — Status Clarification Script

Note: The rules below apply to Original Medicare; some Medicare Advantage plans handle them differently. Verify on your own notice or by calling 1-800-MEDICARE.

A patient can spend several nights in a hospital bed and still be classified as an **outpatient on "observation status"** rather than admitted as an **inpatient**. This is a billing classification, not a measure of how sick someone is — but it has two big consequences: observation is billed under Medicare Part B (which can mean higher out-of-pocket costs, including for routine medications), and under Original Medicare, **follow-up skilled nursing/rehab is only covered after a qualifying inpatient stay of at least 3 consecutive days** — and **observation days and ER time do not count**. Ask about status early and often.

Ask every day:

Is **[Loved One]** classified right now as an **inpatient (admitted)** or as an **outpatient on observation status**?

If observation: I'm asking that this be reviewed for inpatient admission, and I'd like to know what would need to change for **[Loved One]** to be admitted.

Please confirm the status — and the date and time it began — in the chart.

I'm asking because I understand this affects coverage for any skilled nursing or rehab care **[Loved One]** may need after discharge.

If you received a Medicare Outpatient Observation Notice (MOON):

I received the MOON. I'm concerned about the coverage consequences of observation status, especially for any post-hospital skilled care.

I'm requesting that the attending physician and the hospital's utilization/case-management team review whether inpatient admission is appropriate. Please document my request and the response in the chart.

*If **[Loved One]** was first admitted as an inpatient and then switched to observation, recent rules may allow you to appeal that change — ask case management and call 1-800-MEDICARE.*

Fighting a Hospital Discharge — Medicare Fast Appeal (QIO)

Note: Deadlines differ between Original Medicare and Medicare Advantage and can change. Follow the exact instructions and deadline printed on your notice, or call 1-800-MEDICARE.

If a Medicare patient is told they'll be discharged and you believe it's unsafe or too soon, you can request a **fast (expedited) appeal** with an independent reviewer — the **Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)**. If you request it on time, Medicare generally **keeps covering the stay while the appeal is decided**, and even an unsuccessful appeal often buys additional covered days.

How it works:

- You'll get an **"Important Message from Medicare"** notice (usually within 2 days of admission, and again before discharge). It names the QIO and explains how to appeal.
- Call the **BFCC-QIO** by the deadline on the notice — generally **no later than midnight of the day before the planned discharge, while still in the hospital**. (The number is on the notice, or call 1-800-MEDICARE.)
- The hospital must then give you a **"Detailed Notice of Discharge"** explaining its reasoning.
- The QIO usually decides within about **24 hours**.
- **If you miss the deadline**, you can still ask for a review, but different rules apply and you may owe for extra days — so call right away.

Notifying the hospital:

I do not agree that **[Loved One]** is ready for a safe discharge.

I am exercising **[Loved One]**'s Medicare right to a fast appeal, and I'm contacting the QIO listed on the Important Message from Medicare.

Please provide the **Detailed Notice of Discharge**, and document in the chart — with date and time — that I requested a QIO fast appeal and objected to discharge.

Calling the QIO:

I'm requesting a **fast (expedited) appeal** of a planned hospital discharge.

Patient: **[Loved One — full legal name]**. Medicare number: **[number]**. Hospital: **[name]**.
Planned discharge date: **[date]**. I am **[Loved One]**'s **[self / authorized representative / healthcare proxy]**.

I believe the discharge is unsafe because **[specific, factual concerns: unresolved symptoms, unsteady on feet, no safe place to go, no care plan in place]**.

Please confirm the deadline, what you need from me, and when I'll get the decision.

INSURANCE AND BILLING

Legal Note: Insurance regulations vary by state and by insurance type. The scripts below provide general frameworks; verify specific procedures and timelines for your situation.

Documentation is everything: Keep copies of all correspondence, note dates and names of everyone you speak with. Send important communications in writing (email / certified mail). Do not accuse fraud, illegality, or abuse unless you have evidence. When in doubt, describe observed facts and request a review—avoid legal conclusions.

How to Fight Any Denial — The Four Steps

A denial is a starting point, not the final word, and the process rewards a correct, on-time response. Whatever was denied, the path is the same:

1. **Decode the denial.** Find out what the code and the letter actually say — what was denied, why, and whether you should even be billed for it (see the next section, and your denial letter or Explanation of Benefits).
2. **Gather your records.** A strong appeal — especially a "not medically necessary" one — leans on the medical record. Request records early (see Medical Records Request) and start that clock.
3. **Find your deadline before anything else.** A missed deadline can end an appeal before the merits are ever heard. Find the exact deadline on your notice and put it on your calendar.
4. **Write the appeal.** Put it together as a formal appeal that answers the specific denial reason with evidence and the right basis — medical necessity, your plan's terms, or the law. Use the denial-specific scripts below.

Reading Your Denial: What the EOB Codes Mean

Every denied claim carries a code on the Explanation of Benefits (EOB) — like CO-50 or PR-1 — and the **letters in front of the number** tell you the one thing insurers rarely spell out: **who is supposed to be billed**. Find your code's letters here.

- **CO — Contractual Obligation:** the provider agreed to this adjustment in its contract with the plan. This is the provider's write-off, and you generally should **not** be balance-billed for a CO amount. (Balance-billing rules can depend on network status and the No Surprises Act — see the surprise-bill script.)
- **PR — Patient Responsibility:** the part assigned to you (for example, a deductible, copay, or coinsurance). You may genuinely owe it — but only if the math and your benefits are correct.
- **OA — Other Adjustment:** a catch-all, often used for coordination-of-benefits handoffs. Check whether another insurer should be billed first.
- **PI — Payer-Initiated Reduction:** the plan reduced payment on its own initiative; by rule this is generally **not** your responsibility — confirm you aren't being billed for it.
- **CR — Correction / Reversal:** a correction or reversal of an earlier decision; compare it against the original claim to see what changed.

The number after the letters is the specific reason (for example, **CO-50** = "not deemed a medical necessity"). If you don't recognize a code, ask the plan to explain it in plain language and to put the specific reason in writing.

DME (Durable Medical Equipment) Denial — Appeal Script

TO: [Insurance Company Name] — DME Appeals Department

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

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

[Loved One]'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 [Loved One] 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

Therapy Visit Limits Exhausted — Medical Necessity Continuation Script

TO: [Insurance Company Name] — Therapy Authorization Department

RE: Request for Additional [PT/OT/ST] Visits, Member: [Loved One Name], Member ID: [ID Number], Prior Authorization #: [Number]

You approved **[number]** **[PT/OT/ST]** visits for **[Loved One]**.

[Loved One] has completed those visits (dates: **[date range]**).

[Therapist name], **[credentials]**, is requesting **[number]** additional visits for the following medical reasons:

Progress to date:

- **[Specific measurable progress]**

Ongoing need:

- **[What hasn't been achieved yet]**
- Therapist's assessment: **[e.g., "Has not plateaued; continued improvement expected with additional visits"]**

Medical necessity:

- Without continued therapy, **[consequence]**

Attached:

- Therapist's progress notes
- Therapist's request for additional visits with medical justification
- Physician's supporting letter

Request: Approve **[number]** additional visits starting **[date]**.

[Caregiver Name][Date]

Surprise Medical Bill After Insurance — Balance Billing Dispute Script

Legal note: *The federal No Surprises Act (effective 2022) protects against certain balance bills, but coverage varies by situation. State laws provide additional protections in some jurisdictions. This script provides a framework; verify applicability for your specific situation.*

TO: [Provider/Facility Billing Department]

RE: Dispute of Balance Bill — Account #[Number], Patient: [Loved One Name], Date of Service: [Date] Amount Billed to Patient: \$[Amount]

I received a bill for \$[amount] for services provided on [date].

Insurance paid \$[amount] per EOB dated [date] (attached).

You're billing [Loved One] for the balance of \$[amount].

I'm disputing this bill on the following grounds:

[Select applicable:]

A. Request for Federal Consumer Protection Review:

- This service appears to meet the criteria for protection under federal balance billing laws (such as the No Surprises Act). I am requesting a formal review of this bill to ensure it complies with all federal restrictions on balance billing. Please confirm if my responsibility should be limited to the in-network cost-sharing amount.

B. State Balance Billing Law (if applicable):

- [State] law prohibits balance billing for [specific protected services]

C. Contracted Rate:

- [Provider] is in-network with [insurance]
- Contracted rate is \$[insurance paid amount]
- I am requesting you review if this balance billing aligns with your provider contract with [Insurance Company]

D. Billing Error:

- Insurance was not properly filed/processed
- Request re-submission to insurance

Actions Requested:

1. **Audit this bill** for accuracy and compliance with federal/state law

2. **Provide written explanation** of why balance billing is permitted in this case
3. **Adjust bill** to patient responsibility amount only (co-pay/deductible: \$[amount if applicable])
4. **Hold collection activity** while dispute pending

I'm filing complaints with:

- **[Insurance Company]** — Provider contract violation
- **State Insurance Commissioner**
- **Federal No Surprises Act portal** (if applicable)
- **State Attorney General** consumer protection division

Do not send to collections until this is resolved.

[Caregiver Name][Date]

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 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.

Prior Authorization Phone Script — Opening

I'm calling to request prior authorization for **[Loved One'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

[Loved One] takes **[medication]** for **[condition]**.

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

[Loved One] 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 Loved One 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: [Loved One Name],
Member ID: [ID Number], PA Request #: [Number]**

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

[Loved One] has **[X days]** of **[medication]** remaining.

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

[Loved One]'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]**, OR **Bridge 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.

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 **[number]** call about this issue. I need a supervisor immediately. If none is available, I need a callback within 24 hours or I'm **[consequence, i.e.: 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?

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

TO: [Insurance Company Name]

RE: Formal Appeal of Claim Denial — Claim #[Claim Number], Member: [Loved One 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 **[Loved One]**'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]**

[Loved One]'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: [Loved One 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 [Loved One]'s health" / "delay would subject [Loved One] to severe pain" / "delay could cause permanent impairment"].

[Loved One]'s condition: [brief medical condition description]

[Loved One]'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]

Out-of-Network Balance Bill — Dispute Script

TO: [Billing Department/Provider Name]
RE: Dispute of Balance Bill — Account #[Number], Patient: [Loved One 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]

Medication Not Covered — Formulary Exception Script

TO: [Insurance Company Name] — Pharmacy Benefits Department

**RE: Formulary Exception Request for [Medication Name], Member: [Loved One Name],
Member ID: [ID Number]**

[Loved One]'s physician, **[Doctor Name]**, prescribed **[Medication Name]** for **[condition]**.

Your formulary does not cover this medication, or requires prior authorization that you denied.

I am requesting a **formulary exception** on grounds of medical necessity.

Why covered alternatives are not appropriate:

[Select applicable:]

- **[Loved One]** has tried **[Alternative 1]** and **[Alternative 2]** — both caused **[specific adverse effects/lack of efficacy]**
- **[Doctor Name]** indicates this medication is the standard of care for **[Loved One]**'s specific condition (**[specific diagnosis/genetic marker/etc.]**)
- No covered alternatives exist for **[Loved One]**'s condition

Attached: Letter of Medical Necessity from prescribing physician detailing:

- Treatment history with alternatives
- Medical reasoning for this specific medication
- Clinical evidence supporting use

I am requesting expedited review due to **[select if applicable: "current medication supply runs out on [date]" / "urgent medical need"]**.

If denied, I am immediately filing:

1. **Formal appeal**
2. **External review request**
3. **Complaint with [State Insurance Commissioner]**

[Caregiver Name], [Date]

Insurance Denial Appeal Template — Experimental/Investigational

[Date]

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

Re: Appeal of Experimental/Investigational Denial for **[Loved One'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 **[Loved One]**'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]**

Hospital Financial Assistance / Charity Care

Note: Federal law (§501(r)) requires this of nonprofit hospitals (roughly half of U.S. hospitals); for-profit and government hospitals aren't bound by it, though many states have their own rules — ask regardless. Verify the specific hospital's current policy. (Separately, under EMTALA, an ER cannot refuse to screen or stabilize an emergency because of inability to pay.)

Nonprofit hospitals must maintain a written **Financial Assistance Policy (charity care)** that can **reduce or eliminate** a bill based on income — and many people who qualify never apply. Key points: you can usually apply **before, during, or after** care; nonprofit hospitals generally must **accept applications for at least 240 days after the first bill**; eligible patients generally can't be charged more than insured patients are; it generally **doesn't require citizenship**; and you should **apply through the hospital — not the collection agency**.

Requesting an application:

I'd like a copy of the hospital's **Financial Assistance Policy** and a **charity care application** for **[Loved One / myself]**.

Please tell me the **income eligibility guidelines**, what **documents** I need, and the **deadline** to apply. While my application is reviewed, please **hold any collection activity** and confirm that in writing.

If the bill already went to collections:

I'm contacting the hospital directly about account **[number]**, which went to collections, to **apply for financial assistance**. I understand that if I qualify, the hospital should **recall the debt from the collection agency and adjust the balance** for the covered charges.

Please send the application and confirm the hold on collection activity in writing.

Good Faith Estimate (Uninsured or Self-Pay)

Note: This applies if you're uninsured or choosing not to use insurance; it does not apply to Medicare/Medicaid/VA/TRICARE (which have their own protections). Verify the current dispute threshold and process at [CMS.gov/medical-bill-rights](https://www.cms.gov/medical-bill-rights).

If you're **uninsured** or **self-paying**, you generally have the right to a **written "Good Faith Estimate"** of expected charges before scheduled, non-emergency care. If your **final bill is at least \$400 more** than that estimate from a provider/facility, you may be able to dispute it through the federal patient-provider dispute resolution process.

Requesting the estimate:

I'm **[uninsured / planning to self-pay]** for **[procedure/service]**.

I'm requesting a **written Good Faith Estimate** of the expected total charges, including facility fees and related items, before the service. Please send it in writing and tell me whom to contact with questions.

If the final bill exceeds the estimate by \$400 or more:

My final bill for **[service, date]** is **[\$amount]**, at least \$400 more than the **Good Faith Estimate** of **[\$estimate]** I was given.

I'd like to understand the difference, and I'm requesting information on the **patient-provider dispute resolution process**. Please hold collection activity while this is reviewed, and respond in writing.

Before You Appeal: Know Your Plan and Your Appeal Rights

An insurance denial is, at its core, a **contract dispute** — you're arguing that your plan documents require the insurer to pay. So step one is to get your **plan policy** (also called the Evidence of Coverage, Certificate of Coverage, or benefits book) from the insurer's website or member services, and read its **appeals section** for the required forms, steps, and deadlines.

Two rights worth knowing for most commercial/ACA plans:

- By federal law you generally get **one internal appeal and one external (independent) review** per denial of a covered service. You usually must finish the internal appeal(s) before requesting external review.
- You can request an **expedited (fast) appeal** when waiting could seriously harm health. For urgent care, insurers generally must decide within a few days; standard internal appeals are typically decided within 30–60 days. (Verify the exact timeframes in your plan and on your denial notice.)

Is your plan ERISA or state-regulated? (This changes your rights.)

Note: If your coverage is a self-funded employer plan, it's generally governed by federal ERISA rather than state insurance law — so state appeal deadlines, external-review rules, and the state Insurance Commissioner may not apply the same way. Coverage you buy yourself, or a fully-insured employer plan, is usually state-regulated. This affects which rules and which regulator apply, so confirm which type you have.

Ask your HR/benefits office or the insurer:

Is **[Loved One]**'s plan a **self-funded (ERISA) plan** or a **fully-insured / state-regulated plan**?

I am asking because it affects my appeal deadlines, my external-review rights, and which regulator oversees the plan. Please confirm in writing.

Avoid Three Common Appeal Traps

Note: These are widely-shared advocacy tips, not legal advice, and the specifics vary by plan — verify against your own plan documents before relying on them.

1. The "authorized representative" form, when your doctor offers to appeal. If your doctor offers to file an appeal for you, the insurer may ask **you** to sign an *authorized representative* form. Many advocates caution that signing it can let the insurer treat the doctor's appeal as **using up one of your own appeal levels**. If you don't sign, the doctor's appeal can be in addition to — not instead of — your own internal and external appeals. Before signing anything, ask the insurer to confirm in writing how a representative form would affect your remaining appeal rights.

2. A "peer-to-peer" review is not an appeal. Your insurer may offer your doctor a *peer-to-peer* call with the insurer's reviewing physician. It can help, but it **does not count as your formal appeal** and doesn't use up your appeal rights — so don't let it run out your clock. Keep tracking your written-appeal deadline.

3. Keep every out-of-pocket receipt. If you pay for the medication or service yourself while appealing, **save the receipts**. If you win, you can submit them as claims for reimbursement.

Free help: For Medicare or Medicaid appeals, your **State Health Insurance Assistance Program (SHIP)** offers free counseling — find your local office at shiphelp.org or call 1-800-MEDICARE.

Requesting Human Review of an Automated Denial

Note: Some states (for example, California under SB 1120) now restrict purely automated/algorithmic coverage denials and require a qualified clinician to review the specific case. Rules differ by state and plan and are evolving — this requests information you're often entitled to, but verify what applies to you.

I'm concerned this denial may have been generated by an automated or algorithmic process.

I'm requesting **written confirmation that a qualified physician — in the relevant specialty — personally reviewed [Loved One]'s** specific clinical information before this denial, including the reviewer's credentials and the clinical basis for the decision.

If a qualified clinician did not review the case, I'm asking that the denial be reconsidered by one who will.

Medicare Coverage & Drug-Denial Appeals — The Five Levels

Note: This is the path for coverage and prescription-drug denials (Part B and Part D) — a different process from the QIO "fast appeal" used for hospital discharge and ending skilled care (covered elsewhere in this guide). Deadlines differ between Original Medicare and Medicare Advantage and can change; follow the exact deadline on your denial notice and call 1-800-MEDICARE or your plan to confirm. SHIP (shiphelp.org) gives free help.

If Medicare or a Medicare drug/Advantage plan denies coverage for a medication or service, you can appeal through up to **five levels**, each to a higher, more independent decision-maker:

1. **Redetermination** — by the contractor/plan that issued the denial. **File within 120 days** of the date on the denial notice.
2. **Reconsideration** — by an **independent** reviewer (a Qualified Independent Contractor). **File within 180 days** of the redetermination.
3. **Administrative Law Judge (ALJ) hearing** — often the strongest level; you can appear by phone/video and may have representation. **File within 60 days** of the reconsideration. A minimum dollar amount in dispute applies.
4. **Medicare Appeals Council** review. **File within 60 days** of the ALJ decision.
5. **Federal district court** (for cases above a dollar threshold). **File within 60 days** of the Council's decision.

The clock generally starts about 5 days after the date on the notice (a mailing allowance) unless you can show you received it later. The minimum dollar amounts for the ALJ and federal-court levels change every year — confirm the current figures, and your specific rights, at medicare.gov/claims-appeals. (Medicare Advantage plans follow different timeframes — check)

You can request an **expedited** decision when delay could seriously harm health. At every level, the key is to **add new evidence that answers the specific denial reason** — don't just resubmit the same packet.

For drug denials based on "step therapy" / "try a cheaper drug first": document, with dates, each lower-cost drug already tried and exactly why it failed or couldn't be tolerated, and ask the prescriber to state why the requested drug is medically necessary.

Requesting a redetermination (Level 1):

I'm requesting a **redetermination** of the denial dated **[date]** for **[medication/service]** for **[Loved One — full legal name]**, Medicare/Member ID **[number]**.

The denial reason given was **[quote/paraphrase the notice]**. I'm submitting new evidence that addresses it: **[updated clinical notes / labs / imaging / prescriber statement of medical necessity / record of prior drugs tried and their outcomes]**.

[If urgent:] I'm requesting an **expedited** review because a delay could seriously harm **[Loved One]**'s health: **[brief reason]**.

Please confirm the deadline, what you still need from me, and when I'll receive the decision.

Disability Benefit Denials (SSDI/SSI and Short- or Long-Term Disability)

Note: This extends beyond medical billing into disability benefits, which run on their own systems and deadlines. Social Security (SSDI/SSI) and private disability (STD/LTD) are separate from health-insurance appeals. For Social Security, you generally have 60 days from the notice (counted from a few days after its date) and use SSA's formal appeal forms (such as SSA-561 for reconsideration). These cases get complex quickly — consider a qualified disability representative, and always follow your own notice.

A disability denial is usually about **proof and paperwork**, not a verdict on your health. The winning approach is the same as any appeal: **answer each denial reason with evidence, and translate symptoms into concrete limits on the ability to work.**

- **Know your standard.** Social Security asks whether you can do *any* substantial work; private disability turns on the **policy definition** — *own-occupation* (can't do your job) vs. *any-occupation* (can't do any job). Get the policy and appeal to its exact definition.
- **Translate symptoms into function** — this is where approvals come from. Be specific and measurable: how long **[Loved One]** can sit, stand, or walk; lifting/carrying limit; how often and how long breaks are needed; how long they can concentrate; and expected **missed workdays per month.**
- **File first, perfect later.** Submit the appeal before the deadline even if the evidence packet isn't complete, then add evidence as it arrives.

Disability appeal letter (fill in and attach evidence):

[Your name; address; phone/email; claim # or last 4 of SSN; date]

Re: Disability appeal — denial dated [date] — Claim #[number]

I am appealing the denial dated **[date]** and requesting **[reconsideration / internal review / a hearing]**. The decision does not reflect the full medical evidence or the functional limitations caused by my condition(s).

Summary: I have **[diagnoses]** and experience **[top symptoms]** despite ongoing treatment. These prevent reliable full-time work because **[top 2–3 functional limits]**.

Denial reason: [quote/paraphrase] — Response: **[factual rebuttal]**. Evidence attached: **[provider letter with work restrictions; records/tests by date; medication + side-effect list; symptom log; third-party statement]**. Real-life impact: **[short example]**. *(Repeat this block for each denial reason.)*

Functional limitations: sitting **[limit]**; standing/walking **[limit]**; lifting **[limit]**; concentration/pace **[limit]**; expected missed days **[estimate]**.

Request: Please reconsider and approve based on the attached evidence.

[Signature; printed name; attachments list]

Care Decision Log

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

DISCLAIMER: 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: _____

Loved One'S INPUT (if capable)

- Loved One was consulted: Yes / No / Unable due to cognitive status
- Loved One's stated preference: _____
- Witnesses to Loved One'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: _____

Personal & Family Medical History Summary

DISCLAIMER: 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.

Patient:

Date of birth:

Updated:

Blood type (if known):

Allergies & reactions:

Current diagnoses / ongoing conditions:

Condition	Since (year)	Treated by	Notes

Past surgeries & major hospitalizations:

Procedure / reason	Year	Hospital / surgeon

Immunizations (with dates, if known): [flu, COVID, pneumonia, tetanus/Tdap, shingles, other]

Family history (close relatives — parents, siblings, grandparents): [heart disease, stroke, cancer, diabetes, etc., and who]

Other: [implants or devices, dietary restrictions, mobility/assistive needs, recent travel if relevant]

Pain & Fatigue Journal

DISCLAIMER: 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.

Daily entry (copy this row for each day you track):

Date	Pain (0–10)	Fatigue (0–10)	Where / what symptoms	What seemed to trigger it	What helped	Impact on the day

Weekly reflection (once a week):

- **Week of:** [date]
- **Most frequent or intense symptom this week:** [...]
- **Any patterns in timing or triggers?** [...]
- **What helped most?** [...]
- **Effect on work, home, or rest:** [...]
- **Questions or concerns to raise with the doctor:** [...]

Email Documentation Template

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

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]

Family Update Templates

When someone is in the hospital, repeating every update to every relative and friend is exhausting — and the group text can take on a life of its own. Pick **one channel** (a group message, an email list, or a shared note) and send brief, factual updates from it. (For documenting conversations *with providers*, use the Email Documentation Template instead.)

Setting expectations (first message):

[Loved One] is in the hospital at **[facility]**. I'll be the point person and will send updates here **[how often]**, so please watch this space rather than calling the hospital or the room — that keeps the line clear for the care team. The best way to help right now is **[a specific thing, or "just keep them in your thoughts"]**.

Daily status update:

Update on **[Loved One]** as of **[date/time]**: **[brief status — e.g., "resting comfortably; breathing has improved"]**. Today the team **[did / plans to do ...]**, and the current plan is **[...]**. No need to call — I'll send the next update **[when]**. Thank you all for the love and support.

When you need space or help:

Quick note — I'm running on little sleep and can't reply to everyone individually, but I read everything and I'm grateful. If you'd like to help, **[a specific thing — meals, rides, covering a task]** would mean a lot.

Significant change:

An important update on **[Loved One]**: **[what changed, factually]**. The team is **[doing ...]**, and I'll share more once we know more. Please **[hold calls / no visitors for now / specific request]**. Thank you for understanding.

Treatment Financial Impact Summary

A one-page snapshot to bring into decisions and financial-assistance conversations. It complements the Financial Transaction Log (which tracks what's already been spent) by projecting the road ahead.

Patient:

Decision/treatment under consideration:

Date:

Item	Amount / Estimate
Out-of-pocket costs to date	\$
Plan out-of-pocket maximum (and how much is met)	(max) \$ (met) \$
Estimated cost of the proposed treatment course	\$
Time off work	weeks days hours
Caregiver hours / lost income	hours / \$
Travel, parking, lodging	\$
Projected costs, next 90 days	\$

Questions:

Is a lower-cost equivalent available?

What exactly does insurance cover?

Is financial assistance available (see Hospital Financial Assistance / Charity Care)?

Doctor Appointment Scripts Collection

Pre-Appointment Preparation Sheet

BEFORE YOU GO

- Write down 1-3 main concerns (prioritize ruthlessly—you have ~7 minutes)
- List symptoms: when started, how often, what makes them worse/better
- Bring medication list (names, doses, frequency) OR bring pill bottles
- Bring recent lab results, imaging reports, or hospital discharge papers if relevant
- Write down your one most important question if you only get to ask one thing

WHEN YOU ARRIVE

- Tell front desk you need full appointment time (not just medication refill)
- If doctor is running very late, decide: wait or reschedule for longer slot?

DURING APPOINTMENT

- Start with your #1 concern immediately (don't wait for doctor to ask "how are you")
- Ask doctor to document in chart if they refuse test/referral
- Request printed after-visit summary before you leave

BEFORE YOU LEAVE

- Confirm next steps: who calls who, what tests ordered, when to follow up
- Ask: "What should I watch for that means I need to come back sooner?"
- Get direct contact info (nurse line, patient portal, office phone)

IF YOU DIDN'T GET WHAT YOU NEEDED

- Request second opinion or specialist referral
- Document what happened (date, time, what doctor said/refused)

Symptom Summary

Fill this out before a visit so you don't have to remember everything on the spot or say it all out loud. You can hand it to your provider or read from it. It works for yourself or for someone you're helping — just add your relationship.

- **When did this start, or when did things change? [...]**

- **What symptoms or changes have you noticed?** (what, where, how often, what makes it better or worse) [...]

- **What have you already tried?** (treatments, medicines, changes — and whether they helped) [...]

- **What are you hoping to get from this visit?** (answers, a plan, a referral, relief) [...]

- **Anything else that might matter?** (recent tests, other doctors, life changes) [...]

- **My one most important question, if I only get to ask one thing: [...]**

Questions to Ask — Quick Reference by Situation

A fast checklist to scan before or during an appointment so you don't leave without the answers you came for. Pull the set that matches your situation. (For the longer, more forceful versions, see the scripts in this collection.)

When you get a new diagnosis:

- What exactly is this, in plain language — and how certain are you?
- What's the cause, and what happens if we do nothing?
- What are all the options, and what do you recommend, and why?
- What's the goal of treatment — cure, control, or comfort?
- Should we confirm the diagnosis or get a second opinion? (see the Requesting an Independent Second Opinion script)

When starting a new medication:

- What's it for, and how will we know it's working?
- What are the common and serious side effects, and what do I do if they happen?
- How and when do I take it, and what should I avoid (foods, other meds)?
- Is there a lower-cost or generic option?
- When and how do we follow up?

Before a test or procedure:

- Why this test, and what will the result change?
- What does it involve, and what are the risks?
- How and when do I get the results, and who explains them?
- Are there alternatives, including waiting? (for procedures, see Understanding Before You Consent)

When you get results:

- What do these results mean for me, in plain language?
- What's the normal range, and where am I?
- What's the next step, and on what timeline?
- Can I get a copy for my records? (see Medical Records Request)

Before leaving the hospital (discharge):

- Can I have the discharge instructions in writing?
- What medications have changed, and why?
- What symptoms mean I should call — and who do I call?
- What follow-up is scheduled, and what care is needed at home?
- If it feels too soon, what are my options? (see Hospital Discharge Pressure)

Doctor Appointment Scripts

Level 0-1: Collaborative Communication

NOTE: The goal is partnership, not adversarial. Start collaborative; escalate only if needed.

Opening a Difficult Conversation — Partnership Request Script

I'm tracking **[symptoms/concerns]** at home, and I want to make sure we're on the same page.

Here's what I'm observing: **[specific observations with dates/times if possible]**.

I'm not sure what to make of this. What do you think?

Is there anything else I should be watching for or documenting?

Level 2-3: When Partnership Fails

Doctor Dismissing Pain Reports — Pain Validation Demand Script

[Loved One] is reporting pain at **[pain level]/10** affecting **[specific activities]**.

You're saying **[doctor's dismissive response]**. Pain at this level is not acceptable regardless of age.

I'm requesting:

1. **Thorough pain evaluation:** What's causing this pain? Have you ruled out **[treatable causes]**?
2. **Pain management plan:** Medication, physical therapy, injections – what are the options?
3. **Referral to pain specialist** if you can't adequately manage this pain
4. **Documentation:** I need today's visit notes showing:
 - **[Loved One]** reported pain level **[number]/10**
 - Caregiver requested pain evaluation and management
 - Your response/plan (or lack thereof)

If you can't manage this pain, refer us to someone who can.

I'm not accepting "it's normal for your age" as a treatment plan.

Medication Side Effects Dismissed — Side Effect Documentation Script

[Loved One] started [medication name] on [date].

Since starting this medication, [he/she] has experienced:

- [Side effect 1] starting [date/timeframe]
- [Side effect 2] starting [date/timeframe]
- [Side effect 3] starting [date/timeframe]

These side effects are [impact].

You're saying [doctor's response].

I'm requesting:

1. **Medication review:** Are there alternatives without these side effects?
2. **Dosage adjustment:** Can we reduce dose to minimize side effects?
3. **Discontinuation if necessary:** If no alternatives and side effects unbearable
4. **Documentation:** Put in chart that caregiver reported these side effects and date reported

I need today's visit notes documenting this conversation.

If you won't address these side effects, refer us to [specialist who can].

Test Results Not Shared — Results Disclosure Demand Script

You ordered [specific tests] on [date].

Results should be available by now.

I'm requesting:

1. **Clear explanation** of results: What did the tests show?
2. **Actual lab reports/imaging reports** – I want copies for our records
3. **What these results mean** for [Loved One]'s treatment plan
4. **Next steps** based on results

If results show [concerning findings], I need to know:

- How serious is this?
- What are treatment options?

- Do we need specialist referral?

Please provide:

- **Verbal explanation today**
- **Copies of test results** (lab reports, imaging reports, pathology reports)
- **Written summary** of what this means for **[Loved One]**'s care

I need to understand these results.

Doctor Refusing Referral to Specialist — Escalation Script

[Loved One]'s **[condition]** has been ongoing for **[time period]** without improvement.

I'm requesting a referral to **[specialist type]**.

You're declining because **[state reason if given, or "no reason provided"]**.

I need this referral denial in writing, including:

1. Your medical reasoning for denying the referral
2. What alternative treatment you're recommending
3. Your medical license number

If you won't provide the referral, I'll contact **[specialist]** directly and pay out-of-pocket if needed, but I need your written denial for insurance purposes.

Doctor Ignoring Caregiver Observations — Authority Assertion Script

I provide **[number]** hours of care per week for **[Loved One]**.

I'm reporting **[specific observed changes]**.

You're seeing **[Loved One]** for **[appointment length]** once every **[appointment interval]**.

My observations are based on **[daily/constant]** contact over **[time period]**.

I need you to document what I'm reporting and explain your clinical reasoning if you're dismissing these observations.

Why are you not concerned about **[specific observation]**?

Doctor Rushing Through Appointment — Time Demand Script

Before we end this appointment, I have **[number]** concerns that haven't been addressed:

1. **[Concern 1]**
2. **[Concern 2]**
3. **[Concern 3]**

I need each of these discussed, even briefly, or I need a follow-up appointment scheduled today where we have adequate time.

If we can't address these now and can't schedule follow-up, I'll be contacting **[practice manager / patient advocate]** about inadequate visit time for complex patients.

Which concerns can we address in the remaining time?

Doctor Dismissing Symptoms — Documentation Demand Script

[Loved One] is experiencing **[specific symptoms]**.

I've asked for **[specific test/evaluation/referral]**.

You're declining to **[test/evaluate/refer]** based on **[state doctor's reasoning if given]**.

I need this documented in **[Loved One]**'s chart:

1. Caregiver reported **[symptoms]** on **[date]**
2. Caregiver requested **[evaluation]**
3. Doctor declined to pursue **[evaluation]**
4. Doctor's reasoning: **[state reasoning or "none provided"]**

I'm requesting a copy of today's visit notes.

Second Opinion Request Script — Verbal

I'd like to get a second opinion on this **[diagnosis/treatment plan]**.

This isn't about doubting you. I just want to make sure we're exploring all options.

Can you recommend someone, or should I find a specialist on my own?

Will my insurance cover a second opinion?

Medical Records Access Script — Verbal

I need copies of **[Loved One]**'s medical records from **[Date Range/Specific Visits]**.

I am **[Loved One]**'s designated Personal Representative under HIPAA (**I have the signed form here**), and I have the right to receive these records within the legally mandated timeframe, which is usually 30 days or fewer.

What's the process to request them?

Is there a form I need to complete?

Prescription Refill Request — Message to Your Provider's Office

Note: For controlled substances, or if you've already run out, call the office directly — some refills can't be handled by message and may need an appointment. You can send this through the patient portal, by email, or use it as a phone-call script.

Hi — I'm writing to request a refill for **[Loved One]**.

Medication and dose: **[name, dose]** (taking it for about **[length of time]**, if known).

Why: It's been helping with **[condition / symptoms]**, and **[I'm running low / I have about [#] days left]**.

Anything else to know: **[e.g., next appointment is in two weeks but the medication may run out before then]**.

Could you send the refill to **[pharmacy name / phone]**, or let me know if anything is needed first? Thank you.

Side Effect Escalation Script

Since starting **[Medication, Dose]** **[Duration]** ago, **[Loved One]** has **[Specific Side Effect]**.

This is affecting **[Functional Impact]**.

I need you to **[reduce dose/switch medications/discontinue]**.

This isn't sustainable.

"I Need Answers" Script — Treatment Plan

[Loved One] has been here since **[Date/Time]**.

I need to understand: What is the diagnosis or working diagnosis? What is the treatment plan? What are we waiting for? I'd like this explained now or a time when the attending physician can speak with me.

"I Need Answers" Script — Prognosis

I need you to tell me directly: What should we expect?

Is **[Loved One]** going to recover from this? What's the realistic timeline?

What are the possible outcomes we should prepare for?

I need honest information to make decisions.

Requesting a Qualified Medical Interpreter

Note: Health programs that receive federal funding (most that accept Medicare/Medicaid) are generally required under Title VI and ACA Section 1557 to provide a free, qualified interpreter, and generally may not require a patient to bring their own or rely on a family member. If refused, you can file a complaint with the HHS Office for Civil Rights. Verify current rules.

[Loved One]'s preferred language for medical care is **[language]**.

I'm requesting a **qualified medical interpreter** — in person or by phone/video — so **[Loved One]** can fully understand and take part in decisions.

Please don't rely on me or another family member to interpret medical information.

If the request is refused or you're asked to interpret:

Accurate communication is a safety issue, and I've asked for a **qualified interpreter** in **[language]**. I'm not able to serve as the medical interpreter.

Please document my request and the response in **[Loved One]**'s chart, and tell me how to reach Patient Relations and the hospital's Section 1557 / civil-rights coordinator.

Requesting an ASL Interpreter or Communication Aid (Deaf or Hard of Hearing)

Note: The Americans with Disabilities Act and the Rehabilitation Act generally require effective communication aids, including ASL interpreters, at no charge.

[Loved One] is **[Deaf / hard of hearing]** and communicates using **[ASL / written communication / an assistive device]**.

I'm requesting effective communication assistance — **[a qualified ASL interpreter / the specific auxiliary aid]** — so **[Loved One]** can understand and take part in their care.

Please arrange this at no charge and document the request in the chart.

Understanding Before You Consent — Plain-Language Consent Script

Before signing a consent form or agreeing to a significant test, procedure, or new treatment, you have the right to understand it. Use this to get a clear, plain-language explanation so the decision is fully informed — made **with** the care team, not under time pressure.

Before we sign or proceed, I'd like to understand this fully. In plain language:

- What exactly is being proposed, and what problem is it meant to solve?
- What are the **benefits, in real numbers** — how much does this help, not just "it helps"?
- What are the **risks and common side effects**, and how serious and likely are they?
- What are the **reasonable alternatives**, including waiting or watchful monitoring, and how do they compare?
- Is any part of this **off-label or not yet standard**, and if so, why is it recommended here?

Could I have the key points **in writing** so **[Loved One]** and I can review them before deciding? We want to make a fully informed decision together with you.

Requesting an Independent Second Opinion on Diagnosis or Pathology

For a serious diagnosis — especially before major or irreversible treatment — you can ask to have the diagnosis confirmed by an **independent second review**, including a second read of the pathology (the actual tissue slides/blocks) by another lab. This is a routine, accepted part of careful decision-making, not a challenge to your team.

Requesting confirmation / a second opinion (verbal):

Before we commit to **[major treatment/surgery]**, I'd like **[Loved One]**'s diagnosis confirmed by an **independent second opinion**, including a second review of the pathology by another pathologist or center.

Could you tell me what's involved, and please document this request.

Requesting release of slides/blocks and records to another lab (written):

TO: [Originating Pathology Department / Medical Records] RE: Tissue & records release for independent review — Patient: [Loved One], DOB: [date]

Please **release all pathology slides and tissue blocks, and the associated pathology reports**, for **[Loved One]** to the following lab for independent second-opinion review:

[Destination lab name, address, contact; courier/shipping details]

Please confirm when they have been sent. **Specimen/accession IDs (if known): [IDs].**

[Caregiver name; date; contact information]

Treatment Options — Decision-Comparison Worksheet

When there's more than one reasonable path, ask the team to help fill this in so the options can be compared side by side on one page. Bring it to your appointment or care conference.

Read-aloud: Could we compare the options side by side — for each one, the realistic benefit in actual numbers, the serious risks, the monitoring it requires, and the cost — including the option of waiting or watchful monitoring where that's reasonable?

Option	Realistic benefit (in numbers)	Serious risks (and how likely)	Monitoring / burden	Cost (est.)	When we'd re-evaluate
[Option A]					
[Option B]					
[Watch / wait, if reasonable]					

Documentation & Escalation Toolkit

SKILLED NURSING FACILITY / REHAB

Facility Care Quality Concerns — Care Plan Review Demand Script

DISCLAIMER: Use only if (1) you have documented facts, (2) you can phrase everything truthfully, and (3) you understand your state's complaint processes. Do not accuse fraud, illegality, or abuse unless you have evidence. When in doubt, describe objective facts you observed rather than legal conclusions. Consult an attorney if you're unsure whether your concerns warrant formal complaints.

VERBAL (to Charge Nurse/Unit Manager):

I'm **[Your Name]**, **[relationship]** of **[Loved One Name]** in room **[number]**.

I've observed the following care issues:

1. **[Date/time]: [Specific issue]**
2. **[Date/time]: [Specific issue]**
3. **[Date/time]: [Specific issue]**

[Loved One]'s care plan requires **[specific care elements]**.

These requirements are not being met.

I'm requesting:

1. **Immediate care plan review** meeting with care team, social worker, and me
2. **Written corrective action plan** addressing each issue
3. **Assignment of consistent staff** to **[Loved One]**'s care if possible

I'm documenting everything.

If we cannot resolve these safety issues within **[48/72 hours]**, I will have no choice but to seek assistance from the State Department of Health and the Ombudsman to ensure **[Loved One]**'s safety.

I need a meeting scheduled by **[deadline]**.

WRITTEN FOLLOW-UP:

TO: [Facility Name] — Administrator
CC: Director of Nursing, Social Worker
RE: Formal Care Quality Complaint — [Loved One Name], Room [Number], Date: [Date]

This letter documents serious concerns about the quality of care my **[relationship]**, **[Loved One Name]**, is receiving at your facility.

Care Failures:

[List each incident with date, time, specific issue, and impact on patient]

Care Plan Requirements Not Being Met:

- [Specific care plan element] — Observed failure: [description]
- [Specific care plan element] — Observed failure: [description]

Actions Requested:

1. **Care plan review meeting** within **[48 hours]** with full care team
2. **Investigation** of care failures listed above
3. **Written corrective action plan**
4. **Improved staffing** or **staff reassignment** if current staffing inadequate

Timeline: If not resolved by **[date]**, I will file formal complaints with state and federal regulators.

I'm requesting a response within **[24 hours]** confirming receipt and meeting time.

[Caregiver Name][Contact Information][Date]

Facility Pushing Discharge Before Ready — SNF Discharge Resistance Script

You're saying **[Loved One]** is ready for discharge on **[date]**.

I'm observing:

- **[Specific functional deficits]**
- **[Safety concerns]**

[Loved One] is not safe to go home in this condition.

I'm requesting:

1. **Objective discharge criteria:** What specific functional abilities does **[Loved One]** need to demonstrate before safe discharge?
2. **Medicare/insurance documentation:** Is this discharge being driven by insurance saying "benefits exhausted" rather than medical readiness?
3. **Case conference:** I need to meet with PT, OT, nursing, social worker, and administrator before discharge.
4. **Care plan if discharged:** If you insist on discharge, what's the home care plan? Who's providing the **[2-person assist / skilled nursing / therapy]** **[Loved One]** still needs?

If discharged prematurely:

- I'm filing a **Medicare Quality Improvement Organization (QIO) appeal** (if Medicare)
(*Note: Procedures vary; contact your state's QIO for specifics*)
- I'm contacting **Long-Term Care Ombudsman**
- I'm documenting that facility discharged against caregiver objection

When is the case conference?

When Skilled Care Is Ending (SNF, Rehab, Home Health, or Hospice) — Fast Appeal

Note: This is the step-by-step version of the QIO appeal referenced above. Deadlines can change and differ for Medicare Advantage; follow the exact deadline on your notice and call the QIO number printed on it.

The same fast-appeal right applies when **Medicare-covered skilled services are being cut off** — even if the facility says **[Loved One]** has "plateaued" or "no longer needs skilled care."

- The provider must give a **"Notice of Medicare Non-Coverage" (NOMNC)** at least **2 calendar days before the last covered day**.
- To get a fast appeal, contact the **BFCC-QIO no later than noon the day before** the coverage end date on the notice. Services generally continue during the appeal.
- Your **first call is the QIO number printed on the NOMNC** — not just the plan. **Even if the facility agrees with the cutoff, you can still appeal.**
- After you appeal, you'll receive a **"Detailed Explanation of Non-Coverage (DENC)"** with the specific reasons.

Calling the QIO:

I'm requesting a **fast (expedited) appeal** of a decision to end Medicare-covered skilled services.

Patient: **[Loved One — full legal name]**. Medicare number: **[number]**. Facility/agency: **[name]**. Service ending: **[skilled nursing / therapy / home health / hospice]**. Coverage end date on the notice: **[date]**.

I believe skilled care is still needed because **[factual reasons tied to skilled need and safety: still requires wound care, still needs help to stand safely, recent decline, therapy goals not met]**.

Please tell me the deadline, what you need from me, and when I'll get the decision and the DENC.

Build your case around ongoing skilled need and safety — not fairness or cost. Gather: recent PT/OT/speech notes showing unmet goals; nursing notes showing skilled needs (wounds, IVs, monitoring, medications); a supporting statement from the physician if available; and dated examples of safety/function concerns you've personally observed.

MEDICAL RECORDS REQUEST

Legal note: HIPAA (U.S.) provides specific rights and timelines for medical records access. Other countries have different frameworks. Verify applicable law for your jurisdiction. Always consult the HHS OCR website or an attorney.

Initial Records Request — HIPAA Formal Request

TO: [Provider/Facility Name] — Medical Records Department

RE: Request for Medical Records Under HIPAA, Patient: [Loved One Name], DOB: [Date of Birth]

Under the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 164.524, I am requesting a complete copy of [Loved One Name]'s medical records.

Records Requested:

[Select specific or comprehensive:]

- Complete medical record from [date range]
- Records related to [specific condition/treatment] from [date range]
- Laboratory results from [date range]
- Imaging reports and images from [date range]
- All visit notes from [date range]

Format Requested: [Electronic copy to email: [email] / Paper copy mailed to [address] / CD/USB]

Under HIPAA, you have **30 days** to provide these records (45 CFR 164.524(b)(2)).

If you charge fees for records, please provide a fee schedule and estimate before proceeding.

[If caregiver is not legal healthcare POA, include:] Attached: Signed authorization from [Loved One Name] authorizing release of records to [Caregiver Name]

[Caregiver Name][Relationship to Patient or "Healthcare Power of Attorney"] [Date][Contact Information]

Records Request Being Delayed — HIPAA Right-of-Access Follow-Up

NOTE: HIPAA generally provides for records access within 30 days (45 CFR 164.524(b)(2)), though extensions and exceptions may apply. If you believe your request has been delayed beyond applicable timeframes, consult the HHS OCR website or an attorney. Only use this if you've confirmed your request was complete (identity/authority verified, correct forms, delivery method, fees). Do not accuse fraud, illegality, or abuse unless you have evidence.

TO: [Provider/Facility Name] — Medical Records Department

RE: Urgent Inquiry: Failure to Provide Medical Records within HIPAA Timeframe: [Loved One Name], DOB: [Date of Birth], Original Request Date: [Date]

I submitted a request for **[Loved One Name]**'s medical records on **[date]**, over **[number]** days ago.

It is my understanding that under HIPAA (45 CFR 164.524(b)(2)), the standard requirement is to provide records within 30 days.

You have not provided the records or communicated any reason for delay.

Based on my understanding of HIPAA's right-of-access rules, I am requesting confirmation of the status of this request and the expected delivery date. If there's a lawful reason for delay (e.g., verification, an allowed extension), please provide it in writing and confirm the new expected delivery date. If I don't receive the records or a written explanation by [X], I may file a complaint with HHS OCR.

Provide the requested records immediately to **[contact information]**.

[Caregiver Name][Date]

Incomplete Records Provided — Resubmission Demand

TO: [Provider/Facility Name] — Medical Records Department

RE: Incomplete Medical Records Response — Supplemental Request Patient: [Loved One Name], DOB: [Date of Birth] Original Request Date: [Date], Records Received: [Date]

I received records on **[date]**, but they are incomplete.

Missing:

- **[Specific missing items]**

My original request covered **[date range]**. These records should exist based on **[how you know: e.g., "services billed to insurance for these dates"]**.

Under HIPAA's right of access, I am entitled to a complete copy of **[Loved One]**'s designated record set.

Provide the missing records within **[10 business days]** or provide written explanation of why they don't exist.

If not received, I will file a HIPAA complaint with HHS Office for Civil Rights.

[Caregiver Name][Date]

Facility Charging Excessive Fees — Fee Dispute Script

TO: [Provider/Facility Name] — Medical Records Department

RE: Dispute of Medical Records Fees Patient: [Loved One Name] Records Request Date: [Date]

You are charging \$[amount] for [Loved One]'s medical records.

I am requesting a review of these fees, as HIPAA (45 CFR 164.524(c)(4)) generally limits charges to reasonable, cost-based fees for:

1. Labor for copying
2. Supplies for copying
3. Postage (if mailed)

Your fee of \$[amount] for [number of pages/volume of records] appears higher than the reasonable cost-based fees generally permitted under HIPAA (45 CFR 164.524(c)(4)).

I am requesting:

1. **Itemized breakdown** of your fee (labor costs, supplies, postage)
2. **Written justification** for how this fee is "reasonable and cost-based"

I will pay a reasonable, cost-based fee as required by HIPAA, but I am disputing this charge as excessive.

If you cannot justify this fee under HIPAA standards, I will file a complaint with:

- **HHS Office for Civil Rights**
- **[State Health Department]**

Provide records at a reasonable fee within **[10 days]**.

[Caregiver Name][Date]

Presenting Your Healthcare Proxy / Power of Attorney

Note: A healthcare proxy / medical POA is different from a financial POA, and many documents only take effect once a physician determines the person can no longer make their own decisions. If you have no document, who decides is set by your state's rules — ask the care team, and consult an attorney.

I am **[Loved One]'s [healthcare proxy / medical power of attorney / agent]**.

Here is the signed document — please make a copy for the chart.

I'm asking to be **[kept informed of / involved in]** decisions about **[Loved One]'s** care, consistent with my authority and **[Loved One]'s** current ability to decide for themselves.

If there's any question about the document, please tell me what you need so we can resolve it today.

Being Added as an Authorized Contact (Permission to Receive Information)

Even without decision-making authority, a competent patient can usually **authorize providers to share information with you and speak with you** — separate from a one-time records release. This is best done with the patient present and agreeing.

[Loved One] would like to **authorize the care team to share medical information with me and to speak with me** about their care.

My name is **[your name]**; relationship: **[relationship]**.

Please note this authorization in the record, and let me know if there's a form **[Loved One]** needs to sign.

Incident Documentation Template

INCIDENT DOCUMENTATION LOG

Documented by: **[Your Name]**

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

Patient: **[Loved One'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

Complaint Escalation Map

COMPLAINT ESCALATION: Quality of Care / Medical Negligence

Step	Where to Complain	How to Contact	Timeline	What to Include
1	Hospital Patient Relations	Phone/email on hospital website	File ASAP; expect response 7-10 days	Written timeline, staff names, patient name/MRN
2	State Medical Board (for physician)	Online complaint form (search "[State] Medical Board complaint")	File within 1 year; investigation takes months	Same as above + medical records
3	The Joint Commission (for hospital)	jointcommission.org/complaints	File within 1 year	Same as above
4	CMS (if Medicare patient)	1-800-MEDICARE or online	File within 1 year	Same as above + Medicare number

Complaint Escalation Map — Insurance Denial

COMPLAINT ESCALATION: Insurance Denial / Delay

Step	Where to Complain	How to Contact	Timeline	What to Include
1	Insurer Internal Grievance	Phone on back of insurance card	File within 180 days of denial	Denial letter, policy number, reason for grievance
2	State Insurance Commissioner	Search "[State] Insurance Commissioner complaint"	File within 1 year	Same + proof of internal grievance
3	External Review (ACA plans)	Insurer must provide form after internal denial	File within 4 months of internal denial	Medical records, physician support letter

Complaint Escalation Map — Privacy Violation

COMPLAINT ESCALATION: Privacy Violation (HIPAA)

Step	Where to Complain	How to Contact	Timeline	What to Include
1	Hospital/Provider Privacy Officer	Listed on provider website or ask front desk	File ASAP	Description of violation, date, who accessed records
2	HHS Office for Civil Rights	hhs.gov/ocr complaint portal	File within 180 days	Same as above

Complaint Escalation Map — ER Care

COMPLAINT ESCALATION: Emergency Room (inadequate care)

Step	Where to Complain	How to Contact	Timeline	What to Include
1	Hospital Patient Relations	Phone/email on hospital website	File ASAP	ER visit date/time, names, what happened, outcome
2	State Health Department	Search "[State] Health Department complaint"	File within 1 year	Same + ER discharge paperwork
3	EMTALA Complaint (if refused/dumped)	CMS online or 1-800-MEDICARE	File within 2 years	Proof of refusal, transfer records

Complaint Escalation Map — Nursing Home / Long-Term Care Facility

COMPLAINT ESCALATION: Nursing Home, Assisted Living, or Rehab Facility

Step	Where to Complain	How to Contact	Timeline	What to Include
1	Facility Administrator / Director of Nursing	In person or letter (see Care Plan Review script)	File ASAP; request written response	Dated incidents, staff names, resident name/room, care-plan items not met
2	Long-Term Care Ombudsman (free, confidential resident advocate)	Eldercare Locator 1-800-677-1116 or ltombudsman.org	Anytime	Same as above
3	State Survey Agency / State Health Department	Search "[State] nursing home complaint"	File within your state's timeframe	Same + any facility response
4	CMS (if Medicare/Medicaid-certified)	1-800-MEDICARE or Medicare.gov Care Compare	File ASAP	Same + Medicare number

The Long-Term Care Ombudsman is a free advocate for residents of nursing homes, assisted living, and board-and-care homes (under the federal Older Americans Act). They explain residents' rights, investigate complaints, and mediate — confidentially, and only with permission. Anyone can contact them.

State Insurance Commissioner Contact Reference

FINDING YOUR STATE INSURANCE COMMISSIONER

1. Search: "[Your State] insurance commissioner complaint"
2. Look for official .gov website
3. Find "Consumer Complaint" or "File a Complaint" section
4. Most accept online complaints; some require mail

WHAT TO INCLUDE IN COMPLAINT:

- Your contact information
- Insurance company name and policy number
- Claim/denial number
- Copy of denial letter
- Proof you filed internal grievance first
- Brief description of issue (1 page maximum)
- What resolution you're requesting

TYPICAL TIMELINE:

- Acknowledgment: 5-10 business days
- Investigation: 30-60 days
- Resolution: varies

Medical Necessity Letter Request Script

Dr. [Name], I need your help with an insurance appeal.

[Insurance Company] denied coverage for [Procedure/Service], claiming it's not medically necessary.

I need a letter from you explaining why this is medically necessary for [Loved One].

I am hoping the letter can address these key points:

- The diagnosis
- Your medical reasoning for this specific treatment
- Your clinical opinion on the risks of not doing this treatment
- Your history of why alternatives were ruled out

Can your office prepare this letter?

When can I pick it up?

External Review Request Guidance

EXTERNAL REVIEW: When Internal Appeal Fails

What is External Review? Independent review of your claim by doctors who don't work for your insurance company. Their decision is binding.

Who is Eligible?

- ACA-compliant health plans (most plans since 2010)
- Some employer plans
- NOT eligible: Medicare (has separate process), Medicaid (state-specific)

Timeline:

- Must request within 4 months of internal appeal denial
- Decision usually within 45 days (faster for urgent cases)
- If urgent: 72 hours

How to Request:

1. Your denial letter **MUST** tell you how to request external review
2. If it doesn't, call insurer and ask: "How do I request external review?"
3. Complete the form they provide
4. Include: denial letter, medical records, physician letter

Cost: Usually free to you.

Escalation Decision Matrix

WHEN TO USE FORCEFUL SCRIPTS (Escalate):

✓ Safety Risk Present

- Loved one has fallen, is falling, or is at high fall risk
- Symptoms could indicate serious condition
- Loved one cannot perform basic self-care
- Discharge would put loved one in unsafe environment

✓ Pattern of Dismissal

- This is the 2nd+ time you've raised concern and been ignored
- Multiple family members have same concern
- Condition is worsening despite reassurances

✓ Time-Sensitive Situation

- Window for treatment is closing
- Insurance deadline approaching
- Loved one deteriorating rapidly

✓ Procedural Violation

- Provider violating clear policy or regulation
- You're being denied rights (records, appeal rights)
- Documentation refused when requested

WHEN TO LET IT GO (Do Not Escalate):

X Preference, Not Safety

- You want different room/nurse but loved one is safe
- You disagree but treatment is medically reasonable
- Frustrated with wait but loved one is stable

X Isolated Incident

- First time something went wrong
- Staff apologized and corrected immediately
- Mistake caught before harm

X You're Exhausted, Not Unsafe

- Burnt out and everything feels urgent
- Angry about situation generally

PERMISSION STATEMENTS:

- It's not rude to insist on safe care.
- You're not overreacting if there's a safety concern.
- It's not "being difficult" to use the words that get results.
- You're not a burden for advocating when systems fail.

My Helpful Books

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