

Rev 01/07/2022 TG-PPL

Patient Appeal and Follow Up Worksheet

Professional Practice, LLC – Medical Billing

Why didn't my insurance company pay their part? Was it billed out?

When we receive patient billing information, our office reaches out to patient insurance plans and provides patients with a Good Faith Price Estimate. The estimate that we send is not a guarantee and is based on the information we receive from the insurance company. After services are rendered, we send a claim to the insurance plan according to their instructions. We confirm the insurance plan received the claim for processing and that they agree it was a clean claim (without errors). In some cases, insurance plans will not provide us with the information or the ability to get an unpaid claim reprocessed.

What next? ...

- You can use your insurance company's online member center/ portal tool to follow up and gather more information. This tool varies by region and by company.
- You can call the phone number on the back of your insurance card. The number for "Member Services" or "Customer Service" will likely be the most direct number. Follow the prompts to speak with Customer Service or Member Services.

We recommend watching the following YouTube clips with some useful information about how your policy works **before** you call your insurance company:

https://www.youtube.com/watch?v=DBTmNm8D-84 https://www.youtube.com/watch?v=ws2aC6uMPvM

1.) Fill in the next 6 items before your call:	
Provider / Practice Name:	
Provider Office Address:	
Provider Type (Psychiatrist, psychologist, counselor, other?)	
Date(s) of Service (found on your last statement):	
Date / Time of Call:	
Phone Number Called (found on the back of your insurance	
card):	
2.) Call the phone number and document the	
following details:	
What is the customer service representative's name?	
Is there a reference number for this call?	
Is the provider in network or out of network?	In Network / Out of Network
Do you have an ID number for the provider in your network?	

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My Provider's office sent a claim on my behalf over 30 days	Yes / No
ago, did you receive it?	
 If 'yes' when was it received for processing, what is 	Date Received:
the claim number, and why wasn't it paid?	Claim #:
	Denial Reason:
 If 'no' where should my provider send proof of 	
timely filing so that you can find the claim that was	
sent and process it, or where should the claim be	
resubmitted for escalated or expedited processing	
since it has already been submitted at least once?	
 Do you see any indication in your system that 	
explains why this claim was not paid the first time it	
was submitted?	
In either case, with whom can my provider and I follow up	
with in your office to ensure that this claim is processed	
properly this time?	
If we follow the instructions that you shared today, and the	
claim is still not processed correctly, please let me know	
how to file a formal complaint / grievance / appeal. I will	
need to know whether you have a standard form, where to	
send it, and when it needs to be sent. (Oregon Law	
establishes a timely filing limit on appeals.)	
 Do you have a standard form for grievances / 	
appeals?	
o If so, where can it be found?	
 If not, what should I include on my letter of 	
grievance / appeal?	
Where should a grievance / appeal be sent?	
 When will you follow up with me and how? 	
 If I don't hear from your company after filing a 	
grievance / appeal, what is the next step?	
Is there any other information or instructions that would be	
useful for me to have?	

Some statements that can be helpful during phone calls like this:

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- I know that this is frustrating, and I know that you're not the one who mishandled it the first time. I appreciate your help in getting it fixed.
- I realize that your department probably answers hundreds or thousands of phone calls similar to mine each day. This one really matters to me and I appreciate your time and help.
- I value the fact that you're taking the time and energy to make sure that you're giving me correct information so that I don't end up going in circles.
- I may be asking for information that isn't available to you in your system, but it's really important that I find the correct answers. Can you help me connect with a supervisor or manager so that I don't have to file a written grievance or appeal? I'd much rather get this mess fixed as quickly and simply as possible.

Feel free to send a copy of your completed worksheet to the billing office for your file. In some cases, the notes on your worksheet may be useful in appealing claim(s) with your insurance in the event that your insurance company pays less than expected.

Billing Office Email: info@professional-practice.org

Billing Office Mailing Address: PO Box 503010, White City, OR 97503-0813

Billing Office Fax: (503)419-4662 Billing Office Phone: (541)234-4781