

DENIAL RESPONSE PLANNER

Use one planner per denial — complete as soon as you receive a denial notice

The information you record here will guide every subsequent step.

This guide is for informational purposes only and does not constitute legal, medical, or financial advice.

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Denial Details

Patient Name	Date of Denial Notice	Insurance Plan	Claim / Reference Number

What Was Denied (Medication / Test / Procedure / Other)	Appeal Deadline

Reason Given for Denial

Copy the exact wording from the denial notice below. Use this language when communicating with the provider's office and in any appeal submission.

Exact denial reason from notice

Diagnosis Codes Submitted

Primary diagnosis code (ICD) listed on request	Other diagnoses or comorbidities that apply

Ask your provider's office which diagnosis codes were submitted. If relevant conditions were omitted, notify the office immediately — this is one of the fastest fixes for a denial.

Step Therapy / Prior Treatments — CRITICAL

List all treatments, medications, or therapies already tried for this condition. Include history from any provider at any time, even years ago.

Treatment / Medication	Approx. Dates	Dose	Outcome / Side Effects	Provider / Facility

Action Plan

Provider actions needed:

- Submit additional documentation
- Request peer-to-peer review
- Submit formal appeal letter
- Submit new prior authorization
- Provide updated medical records

Patient actions needed:

- Request copy of denial letter
- Obtain medical records from outside providers
- Gather pharmacy history printout
- Confirm appeal submission with office
- Monitor for insurer response

Documents to Gather

- Denial letter (original)
- Relevant medical records
- Lab results / imaging reports
- Medication / pharmacy history
- Previous treatments documentation
- Specialist notes

Status Tracking

Status	Date	Notes

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