Appeal Healthcare - Medical Appeal Resources

Appeal Process Timeline: What to Expect

Stage	Estimated Timeframe
Initial Case Review	1-3 business days
Document Collection & Strategy	3-7 business days
Internal Appeal Filing	Within 30-180 days from denial
Insurance Review & Response	30-60 days (standard), 72 hours (expedited)
External Review (if applicable)	Additional 45 days

Documentation You'll Need

To build a strong appeal, we'll need:

- Insurance Denial Letter (required)
- Explanation of Benefits (EOB)
- Your Health Insurance Card (front and back)
- Relevant Medical Records
- Provider's Letter of Medical Necessity
- Any Prior Authorization Documentation
- Prescriptions or Pharmacy Notes
- Referral or Specialist Notes
- Correspondence with Insurance Provider

Don't worry if you don't have everything-we'll help you gather what's needed.

What to Expect Working with Us

1. Free Initial Case Review - We assess your denial and determine appeal eligibility.
2. Appeal Strategy & Document Prep - We gather all necessary records and build a case.
3. Submission & Follow-up - We file and track your appeal, staying in touch with insurers.
4. Updates & Results - We notify you of progress and outcomes every step of the way.

Client Checklist: What We Need From You

Please send us:

- [ ] A copy of your denial letter

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- [ ] Your most recent Explanation of Benefits (EOB)
- [ ] A photo or scan of your insurance card
- [ ] A brief written summary of what happened (1-2 paragraphs)
- [ ] Any supporting medical records or letters
- [ ] Any deadlines or time-sensitive notices
- [ ] Your signed authorization form (we'll provide this)

The faster we receive these, the faster we can get to work.

Need help? Call (859) 372-6670 or email info@appealhealthcare.com