



The Appeal Letter

Combat Denied Claims & Get Paid What You Deserve!

Improving Appeals With More Patient Stories: How to Use a Five-Part Approach to Appeals



Patient stories put the pulse in *any* healthcare communication – including appeals.

Unfortunately, appeal letters generated from a healthcare organization often lack the persuasive impact that a first person appeal contains. However, customizing appeal letters to better present the patient story can often be accomplished by bringing in the patient's personal narrative information from the medical records.

Is this difficult? It often comes down to the quality of the clinic documentation. When reviewing medical records in preparation to develop an appeal, look for [Read More....](#)

AppealTraining.com Featured Letters



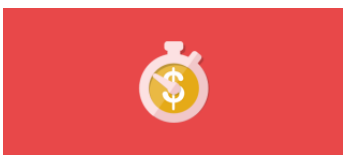
Appeal Solutions has appeal letter templates to make appealing denials easy. See [AppealTraining.com](#) for a full overview of

available letters. The following Basic Appeal letters are available in a Level I and Level II appeal format.

- Claim Resubmission Level I and Level II
- Coding Level I and Level II
- Duplicate Level I and Level II
- Eligibility Level I and Level II
- Experimental/Investigational Level I and Level II
- Incorrect Benefits Level I and Level II
- Incorrect Verification Level I and Level II
- Maximum Benefits Reached Level I and Level II
- Other Exclusion/Limitations Level I and Level II
- Pre-existing Condition Level I and Level II
- Provider Type Level I and Level II
- Refund/Recoupment Level I and Level II

[Visit AppealTraining.com's Database of 1600+ Letters](https://www.appealtraining.com)

WEBINAR: ERISA Appeals - Overcoming the “FAKE” Appeal Process



Do you submit well-worded appeals you suspect are not carefully reviewed by the payers? Are you ready to join the healthcare providers who have officially called the Provider Appeal Process a “FAKE” appeal process?

Tammy Tipton, President of Appeal Solutions, will discuss ERISA claim processing regulations and the latest court decisions which support the providers who are demanding better reviews by payers. Attendees will gain knowledge on federal claim processing guidelines, what type of claims fall under the guidelines, what to do when noncompliance is detected and how courts are ruling on recent cases.

The webinar will be March 5 at 11 pm CST. Further, participants will be given 10 ERISA appeal letter templates to make it easy to submit well-

worded demands for quality review.

This session will provide you with the knowledge to:

- Which healthcare organizations refer to the Provider Appeal Process as a “FAKE” appeal process and why. Plus, how to cite ERISA regulatory information to demand high quality medical necessity review
- Timely ERISA appeal submission and how to seek compliance with ERISA appeal decisions by payers
- Asserting your ERISA rights with insurers including your right to demand benefit information prior to treatment
- What to do with standard form letter responses and what courts have identified as irresponsible and non-compliant review processes
- Using attachments to make your appeal stronger while also making payers expend additional resources on review

Go to AppealTraining.com/webinars to register. You will also receive a free 30 day membership at Appeal Training.com when you register.



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Medical Appeals & Denial Management Expert
Tammy Tipton Owner & Founder, Appeal Solutions.com
t.tipton@appealsolutions.com 888.399.4925

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