

Insurance Information

Patient Name: _____

Member ID: _____ Group number: _____

Plan type: _____

Online portal: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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The Survivor's Edit

Insurance Call Log

Print a fresh copy before every phone call.

How to Use This Log

Print a fresh copy before each phone call. Keep completed logs with the related Explanation of Benefits (EOB), medical bills, claim documents, and correspondence. Write down the representative's name and request a reference or confirmation number before ending the call.

Date and time	Organization/ Department	Phone number	Representative's name	Reference/ confirmation number

Reason for the Call: _____

Claim number: _____

Date of service: _____

Provider or facility: _____

Amount billed: _____

Appeal or response deadline: _____

What I need resolved: _____

Questions I Need to Ask

1. _____

2. _____

3. _____

What I Was Told _____

Next Steps:

- ☐ Submit requested documents
- ☐ Contact the provider or billing department
- ☐ Contact the insurance company again
- ☐ Request the decision or instructions in writing
- ☐ File an appeal
- ☐ Confirm prior authorization
- ☐ Check the online portal
- ☐ Follow up date: _____
- ☐ Other: _____

Who is responsible for the next step? _____

Documents requested or submitted: _____

Expected response date: _____

Outcome or resolution: _____

This worksheet is intended for personal organization and recordkeeping and is not a substitute for medical, legal, insurance, or financial advice.

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