

# Insurance Denial Appeal Kit

Turn a denial letter into a clear appeal packet with confidence.

**What this is:** a step-by-step workflow that uses ChatGPT to draft messages, letters, and scripts so you can understand paperwork, communicate clearly, and stay organized.

**What this is not:** medical or legal advice. Always verify facts, deadlines, and policy details. If you are unsure or the amounts are large, consider contacting your insurer, provider, a patient advocate, or a qualified professional.

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## Quick navigation

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- **Copy and paste prompt pack:** Use these prompts to build the packet quickly and safely.
- **Tracking and follow-up rhythm:** Most appeals fail due to missed follow-up, not weak writing.
- **Disclaimer and safe use:** Educational and communication assistance only.

## Quick start workflow

Turn the denial into an organized appeal packet.

**Before you paste anything:** redact names, member IDs, claim IDs, addresses, phone numbers, date of birth, and any account numbers. Keep the denial reason text, dates, codes, and the insurer's instructions and deadlines.

- Step 1: Translate the denial into plain English and extract deadlines.
- Step 2: Build your evidence checklist (what you have, what to request from the provider, what to request from the insurer).
- Step 3: Draft the appeal letter responding directly to the denial reason.
- Step 4: Assemble the appeal packet and submit using the insurer's preferred method.
- Step 5: Follow up on a schedule and document every contact.

Your goal is not to write the fanciest letter. Your goal is to make it easy for a reviewer to say yes.

## How to read denial language

Most denials fall into a few buckets.

- **Missing information:** the insurer says they need records, codes, or details before they can approve or pay.
- **Not covered:** the plan says the service is excluded or limited.
- **Not medically necessary:** the insurer says it does not meet criteria based on their guideline.
- **Prior authorization required:** they say approval was needed before the service.
- **Out of network:** the provider or facility is out of network and coverage differs.

The denial letter often includes the appeal method and the deadline. Use the letter as your source of truth.

## What makes an appeal strong

Keep it simple and direct.

- Address the denial reason directly using the insurer's wording.
- Provide a clean timeline (what happened and when).
- Attach supporting documents and reference them clearly.
- Ask for a specific outcome (approve, cover, reprocess, reimburse).
- Request written confirmation of receipt and a decision timeline.

Do not guess policy language or medical facts. If you do not have something, request it from the provider or insurer.

## Appeal packet checklist

Use this as your final pre-submit check.

- Your appeal letter (signed if required).
- Denial letter or denial notice.
- EOB (if available).
- Itemized bill (if relevant).
- Provider supporting letter or clarification note (if available).
- Relevant medical records or visit notes (as provided by the provider).
- Any receipts or proof of payment (if reimbursement is the goal).
- A simple cover page listing the attachments (optional).
- Proof of submission (fax confirmation, portal receipt, certified mail tracking, etc.).

File naming tip: use a consistent naming format like **LastName\_FirstName\_ClaimID\_DocumentName** so nothing gets lost.

# Copy and paste prompt pack

Use these prompts to build the packet quickly and safely.

## Prompt 1: Denial letter redaction

I received an insurance denial letter. Before I paste it, tell me what to redact for privacy (name, address, phone number, etc.)

Then ask me to paste the redacted denial letter.

## Prompt 2: Denial reason translator

Act like an appeals interpreter. Translate this denial letter into:

- 1) The exact denial reason(s), in plain English
- 2) What the insurer likely wants to see to overturn it (based only on the letter)
- 3) Deadlines or steps mentioned in the letter
- 4) What information is missing that I need to request

Rules:

- Do not guess policy rules. Only use what's in the denial letter.
- If the letter mentions documents I should request, list them explicitly.

Ask me to paste the denial letter now.

## Prompt 3: Build the evidence checklist

Based on the denial reason, create an appeal evidence checklist in 3 sections:

- A) What I can provide (timeline, receipts, prior treatments list)
- B) What I should request from the provider (records, notes, letter of support, coding details)
- C) What I should request from the insurer (claim notes, criteria used, plan language they relied on)

Then give me a 5-step action plan in order.

## Prompt 4: Provider request message

Write a message to my doctor's office requesting documentation for an insurance appeal.

Include:

- Request for visit notes and relevant medical records
- Request for a short letter supporting medical necessity (if appropriate) or a clarification note
- Request for coding details used in the claim
- A polite urgency line referencing appeal deadlines
- Ask for expected turnaround time

Tone: respectful and concise.

## Prompt 5: Insurer request message (criteria and claim notes)

Write a message to my insurer requesting:

- The specific criteria or guideline used for the denial
- The claim notes or review notes
- Any missing information they say they need
- Confirmation of the appeal submission method and deadline
- Confirmation that they received my request

Tone: calm, organized.

## Prompt 6: Appeal letter builder

Draft my appeal letter.

First ask me these questions (no more than 6):

- 1) What service was denied and the date
- 2) The denial reason wording
- 3) What outcome I want (reprocess, approve, cover, reimburse)
- 4) What supporting documents I have
- 5) Any relevant timeline (prior treatments, referrals)
- 6) Any plan language I have (if none, say "none")

Then write the letter with this structure:

- Header placeholders (name, member ID, claim ID)
- One-paragraph summary of the request
- Bullet points responding to the denial reason
- List of attachments
- Clear request and deadline
- Close requesting written confirmation

Rules:

- Do not invent medical facts or policy language.
- Use plain English, calm tone.

## Prompt 7: Short version for portal upload

Rewrite my appeal letter into a shorter version for an online portal text box.

Limit: 1,200 characters.

Keep: denial reason response, what I'm requesting, attachments list, and a deadline.

Ask me to paste the letter.

## Prompt 8: Submission checklist + follow-up schedule

Create a submission checklist for my appeal packet.

Include:

- What to include
- File naming convention
- Proof of submission to capture
- Follow-up schedule (day 3, day 7, day 14)

Keep it simple.

## Prompt 9: Call script for appeal status

Create a call script to check the status of my appeal.

Include:

- What I should say first
- Questions to confirm receipt and completeness
- How to ask whether additional information is needed
- How to request escalation if the timeline is exceeded
- What to document during the call

## Prompt 10: If they asked for more info

If the insurer asks for additional information, help me respond.

Ask me:

- What exactly they requested
- Their deadline
- What I already sent

Then draft a response that:

- Confirms what I'm sending
- Re-lists attachments
- Requests written confirmation of receipt

## Prompt 11: Quality check and risk scan

Review my appeal letter for risks.

Checklist:

- Any statements that look like guesses
- Any overly emotional or accusatory wording
- Missing claim identifiers
- Missing attachments list
- Missing clear request and deadline

Then rewrite the letter cleaner and shorter.

Ask me to paste my letter.

## Tracking and follow-up rhythm

Most appeals fail due to missed follow-up, not weak writing.

- Day 0: Submit the appeal and save proof of submission.
- Day 3: Confirm receipt and ask if anything is missing.
- Day 7: Request status and decision timeline.
- Day 14: Escalate if you cannot get a clear timeline or if the deadline is near.

Always ask for written confirmation: receipt, missing items, decision, and next steps.

## Disclaimer and safe use

Educational and communication assistance only.

- Redact personal identifiers before pasting anything into ChatGPT.
- Do not invent medical facts or plan language.
- Use the denial letter as the primary source for deadlines and submission instructions.
- If the case is urgent or complex, consider a patient advocate or qualified professional.

This kit does not replace advice from your insurer, provider, or a qualified professional.