

HEALTH INSURANCE CORRESPONDENCE LOG

Use the following log to help prepare for correspondences with providers and insurance carriers.

TIPS: Label a folder: File Invoices for Medical Services (**SVC**) that you receive in date order.

Match Explanation of Benefits (**EOB**) received from your insurance carrier to the Invoice for Medical Services & attach.

Prepare for correspondence using Log below. In general, call the medical provider first and provide them with your insurance information.

Medical Provider & Phone #: (1) _____ (2) _____ (3) _____

Insurance Carrier & Phone #: (1) _____ (2) _____ (3) _____

DATE	MEDICAL PROVIDER PHONE (1-3)	DATE OF MEDICAL SVC	INVOICE NO	DATE OF INVOICE	INVOICE AMOUNT	AMNT DUE	SPOKE TO	INSURANCE CARRIER PHONE (1-3)	REC. EOB for SVC Y/N	Claim Number / EOB shows PAID? (Y/N) / Resolved (OK/NO)?
Correspondence details:										
Correspondence details:										
Correspondence details:										
Correspondence details:										
Correspondence details:										
Correspondence details:										
Correspondence details:										
Correspondence details:										
OTHER Contacts	(4)	_____	(5)	_____	(6)	_____				
& Phone:	(7)	_____	(8)	_____	(9)	_____				