**Patient Advocacy Call Script**

*“Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_. My member ID # is \_\_\_\_\_\_\_\_\_ and my case reference # is \_\_\_\_\_\_\_\_. I am calling to appeal the recent denial I received regarding in-home pneumatic compression therapy that my physician prescribed to treat my chronic lymphedema.*

***To describe your situation:***

*As indicated in my medical history, I was diagnosed with lymphedema which has caused significant swelling in my (location of edema) and has greatly impacted my range of motion, and ability to do daily tasks.*

*I am also concerned because the condition continues to get worse and if I am not able to manage the symptoms on a regular basis, I will need to increase my visits to the therapist/doctor or worse, I will need to go to the hospital. If I am unable to receive this therapy and I am negatively impacted, both physically and financially, I will have no choice but to file a formal grievance.*

*I appreciate any help you can provide me.*

*Thank you!”*