

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!"