

Hours of Operation: Monday through Friday
9 AM to 7 PM ET

Address: PO Box 4280
Gaithersburg, MD 20885-4280

Phone: 1-866-472-8663 Option 2
Fax: 1-877-366-0585

If you have received a denied Explanation of Benefits (EOB) or an unfavorable response for an appeal previously submitted, you may use the below checklist to assist you in preparing the appeal packet. If you would like Lilly PatientOne to conduct a benefit investigation or assist in the appeal process, please complete a Reimbursement Application and fax to Lilly PatientOne at 877-366-0585.

Before continuing the appeal process, you may want to verify the following information:

- Validate the reason for denial. Valid denials are usually categorized as: not medically necessary, experimental or investigational (not FDA indicated), not recognized by compendia or peer-review journal articles. If you are not sure the reason code is valid, you may contact Lilly PatientOne for assistance.
 - If the denial is due to missing information, you may be able to resubmit the appeal with the missing information. Please check with the payer for details.
- Confirm correct mailing address or fax number, usually listed on the denied EOB or unfavorable letter, and any special forms required in order to submit the appeal.
- Obtain timely filing deadlines and the length of time the payer has to review the packet once submitted.
 - Some payers may allow new or missing supporting documentation in subsequent appeals. Please check with the payer for details.

CHECKLIST

- Denied EOB from the payer (1st-level commercial, Medicare, and other)
- Unfavorable Redetermination letter (2nd-level Medicare)
- Unfavorable Reconsideration letter (3rd-level Medicare)
- First- or second-level denial letter (commercial or other payer)
- Pathology and scan/lab reports (all appeal levels)
- Letter of medical necessity (all appeal levels)
- Flow sheets (all appeal levels)
- Medical literature regarding the use of the drug for the specific diagnosis, such as compendia or peer-review journal articles (all appeal levels)
- Attestation statement signed by physician (all appeal levels)
- Progress notes (all appeal levels)
- Copy of the payer policy (all appeal levels)
- Completed Redetermination Request Form (1st-level Medicare)
- Completed Reconsideration Request Form (2nd-level Medicare)
- Other payer required forms: Appointment of Representative (AOR), Claims Reconsideration Form, Provider Appeal Form for various payers
- Physician chemo orders (all appeal levels)

If you have questions or require further appeals assistance, please contact Lilly PatientOne at 866-472-8663, and select option 2 when prompted.

Thank you,
PatientOne Appeals Coordinator
www.LillyPatientOne.com