

Hours of Operation: Monday-Friday  
8am-10pm ET

Address: PO Box 501847  
San Diego, CA 92150

Phone: 1-800-545-5979

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 in preparing the Appeal packet. If you would like Lilly Support Services™ to conduct a Benefits Investigation or assist in the Appeal process, please complete a Reimbursement Application and fax to Lilly Support Services™ at 1-877-366-0585.

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-reviewed journal articles. If you are not sure the reason code is valid, you may contact Lilly Support Services™ 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 for submitting the Appeal.
- Obtain 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 (First-Level Commercial, Medicare, and other)
- Unfavorable Redetermination letter (Second-Level Medicare)
- Unfavorable Reconsideration letter (Third-Level Medicare)
- First-Level 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 use of the drug for the specific diagnosis, such as compendia or peer-reviewed journal articles (all Appeal levels)
- Attestation statement signed by the Prescriber (all Appeal levels)
- Progress notes (all Appeal levels)
- Copy of the Payer's policy (all Appeal levels)
- Completed Redetermination Request Form (First-Level Medicare)
- Completed Reconsideration Request Form (Second-Level Medicare)
- Other Payer-required forms: Appointment of Representative (AOR), Claims Reconsideration Form, Provider Appeal Form for various Payers
- Prescriber chemo orders (all Appeal levels)

If you have questions or require further Appeals assistance, please contact Lilly Support Services™ at 1-800-545-5979.

Thank you,  
Lilly Support Services™ Appeals Coordinator  
[www.LillyOncologySupportCenter.com](http://www.LillyOncologySupportCenter.com)