TEMPLATE F

Long-Term Care Insurance Claim Tracker

Field	Entry
Insurer / policy # / claim #	
Claims phone / fax / portal	
Claim opened (date)	
Benefit trigger documented (activities of daily living (ADLs) / cognitive impairment)	
Elimination period start date / days satisfied / end date	
Plan of care approved (date)	
Daily/monthly max; benefit pool remaining	
Approved providers	

Invoice month	Provider	Amount	Submitted	Insurer rec'd	Paid	Denied / partial	Appeal filed

Column key: *Submitted* is the date and method. *Paid* is the date and amount. *Denied / partial* includes the reason, if any.