



# Letter of Appeal Checklist

A Letter of Appeal may help support or revise clinical decision-making for your patient receiving treatment with a Pfizer oncology drug. The following information should be included:

## MEDICAL HISTORY

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- Patient name
- Insurance policy/ID number
- Date of initial diagnosis
- Significant laboratory tests and results
- Relevant pathology report details
- Previously administered treatments

## TREATMENT HISTORY

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- Medications including doses and frequency
- Treatment duration
- Reason(s) for discontinuation
- Clinical response

## CURRENT TREATMENT

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- Date of recurrence (if applicable)
- Recommended treatment plan
- Drugs
- Dosages

Accurate completion of reimbursement-related or coverage-related documentation is the responsibility of the provider and patient. Pfizer and its agents make no guarantee regarding reimbursement for any service or item.

**NOTE: Retain a copy of all submissions for your personal records.**

The information contained in this checklist is provided by Pfizer for informational purposes for patients who have been prescribed a Pfizer medicine. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.

