

## HEALTH INSURANCE INTERACTION LOG

This form can be used to keep track of your calls with your insurance company.

Date & time: \_\_\_\_\_

Representative's name: \_\_\_\_\_

Reason for call: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Steps: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_