

EXTERNAL REVIEW REQUEST FORM

APPLICANT NAME: _____ Covered Person/
Patient Provider Authorized Representative

COVERED PERSON/PATIENT INFORMATION:

Covered Person Name: _____ Patient Name: _____

Address: _____

Covered Person Phone #: Home (____) _____ Work (____) _____

INSURANCE INFORMATION:

Insurer/HMO Name: _____

Covered Person Insurance ID#: _____

Insurance Claim/Reference #: _____

Insurer/HMO Mailing Address: _____

Insurer Telephone #: (____) _____

EMPLOYER INFORMATION:

Employer's Name: _____

Employer's Phone #: (____) _____

Is the health coverage you have through your employer a self-funded plan? _____. If you are not certain please check with your employer. Most self-funded plans are not eligible for external review. However, some self-funded plans may voluntarily provide external review, but may have different procedures. You should check with your employer.

HEALTH CARE PROVIDER INFORMATION:

Treating Physician/Health Care Provider: _____

Address:

Contact Person: _____ Phone:() _____

Medical Record #: _____

REASON FOR HEALTH CARRIER DENIAL: (Please check one)

_____ The health care service or treatment is not medically necessary.

_____ The health care service or treatment is experimental or investigational.

SUMMARY OF EXTERNAL REVIEW REQUEST: (Enter a brief description of the claim, the request for health care service or treatment that was denied, and/or attach a copy of the denial from your health carrier)*

*You may also describe in your own words the health care service or treatment in dispute and why you are appealing this denial using the attached pages below.

EXPEDITED REVIEW:

If you need a fast decision, you may request that your external appeal be handled on an expedited basis. To complete this request, your treating health care provider must fill out the attached form stating that a delay would seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function.

Is this a request for an expedited appeal? Yes _____ No _____

