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.

SIGNATURE AND RELEASE OF MEDICAL RECORDS

To appeal PEBP's denial, you must sign and date the expedited review request form and consent to the release of medical records.

I, _____, hereby request an external appeal. I attest that the information provided in this application is true and accurate to the best of my knowledge. I authorize PEBP or its designees and my health care providers to release all relevant medical or treatment records to the independent review organization and the Office for Consumer Health Assistance. I understand that the independent review organization and the Office for Consumer Health Assistance will use this information to make a determination on my external appeal and that the information will be kept confidential and not be released to anyone else. This release is valid for one year from the date this document is signed by me or my legal representative.

_____ _____

Signature of Covered Person (or legal representative*) Date

_____

Relationship to Covered Person

*(Parent, Guardian, Conservator or other – Please Specify)

APPOINTMENT OF AUTHORIZED REPRESENTATIVE

(Complete this section only if someone else will be representing you in this appeal.)

You can represent yourself, or you may ask another person, including your treating health care provider, to act as your authorized representative. You may revoke this authorization at any time.

I hereby authorize _____ to pursue my appeal on my behalf.

(Print Name)

_____ _____

Signature of Covered Person (or legal representative) Date

Address of Authorized Representative:

_____

_____

Telephone #: (Day) _____

Telephone #: (Evening)_____

CERTIFICATION OF TREATING HEALTH CARE PROVIDER FOR EXPEDITED CONSIDERATION OF A PATIENT'S EXTERNAL REVIEW

NOTE TO THE TREATING HEALTH CARE PROVIDER:

Patients can request an external review when their health care provider (PEBP) has denied a health care service or course of treatment on the basis of a utilization review determination that the requested health care service or course of treatment does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care of effectiveness of the health care service or treatment you requested. The Office for Consumer Health Assistance oversees external reviews. The standard external review process can take up to 15 days from the date the patient's request for external review is received by the Office for Consumer Health Assistance. Expedited external review is available only if the patient's treating health care provider certifies that adherence to the time frame for the standard external review would seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function. An expedited external review must be completed at most within 72 hours of receipt. This form is for the purpose of providing the certification necessary to initiate expedited review.

GENERAL INFORMATION:

Name of Treating Health Care Provider: _____

Mailing Address:

_____

Telephone #: _____

Fax #: _____

Licensure and area of Clinical Specialty:

_____

Name of Patient:

_____

Primary insured's ID # as indicated on their insurance ID card: _____

CERTIFICATION:

I hereby certify that I am the treating health care provider for:

(Please print name of patient):_____(hereby referred to as "the patient"; that adherence to the time frame for conducting a standard external review of the patient's appeal would, in my professional judgment , seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function; and that, for this reason, the patient's request for an external review of the denial by the patient's health care provider (PEBP) of the requested health care service or course of treatment should be processed on an expedited basis.

_____

Treating Health Care Provider's Name (Please Print)

_____ _____

Signature of Health Care Provider Date