



Courtesy Review of Medical Necessity Form

FAX: 1-877-424-9020

To submit a non-urgent Courtesy Review request, please complete the following information and fax all related clinical information to support the medical necessity with your request.

Date Request Submitted: _____	Call Reference Number: _____	
Patient Name: _____	DOB: _____	Gender: M / F
Address: _____		
Patient ID Number: _____	Patient Phone: _____	
Employee Name: _____	Employer Name: _____	
<input type="checkbox"/> See Attached Face Sheet for Demographics		

Requesting Provider: _____	Tax ID: _____	NPI _____
Address: _____		
Phone Number: _____	Fax Number: _____	
Facility Rendering Care: _____	Tax ID: _____	NPI _____
Facility Address: _____		
Please provide the following in order to facilitate a Fax back for resulting determination:		
Contact Person: _____	Fax Number: _____	

Diagnosis/ICD 10 Code(s): _____
Procedure/CPT/HCPC Code(s) and number of units requesting for each code: _____
Cost of Item or Service if DME, Injections or Medications: \$ _____
Requested Date(s) of Service or Date Range*: _____
Place of Service: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Other: _____

Please Note: Courtesy Reviews are a review of medical necessity only and cannot review or confirm benefits. Courtesy Reviews can take up to 15 days for completion and payment is not a guarantee. The contact person listed on this form will be notified of the determination.

*Completion of a Courtesy Review is not required by the plan and should not be a cause for delay in treatment of medically necessary care. If you need to confirm benefits, eligibility, or discuss any other concerns please contact Customer Care at the phone number listed on the participant's ID card or call 1-800-786-7930.