

Request for Independent External Review of an Adverse Benefit Determination
Applications for standard reviews can also be completed online at:
www.insurance.pa.gov/externalreview

Member Information

Member Name: _____ Date of Birth: _____
Name of Member's Legal Guardian (if applicable): _____
Address of Member (or Legal Guardian): _____

Primary Phone Number: _____ Secondary Phone Number: _____
Email: _____
 By selecting this box, I agree to receive electronic notices.

Health Insurance Plan Information

Name of Insurer: _____
Health Insurance Plan: _____
Insurer NAIC Number: _____
Subscriber or Member ID Number: _____
Insurance Claim/Reference Number: _____

Health Care Decision in Dispute

Date of Insurer Decision: _____
Service Denied: _____
Do you or your doctor think this was a medical emergency? Yes No
*If yes, have your provider complete the physician certification and include with request
If any of your health care providers will be involved with this external review, please complete the following section:
Name of Health Care Provider: _____
Type of Provider: Medical Doctor Other (Please Specify): _____
Provider Mailing Address: _____

Provider Phone Number: _____

Consent to Release and Exchange Information

I, _____, hereby request an external review of an adverse benefit determination and authorize the Pennsylvania Insurance Department to obtain copies of my medical records and all other information necessary for this review. The Department has my permission to release and exchange this information with my health insurer and an independent review organization certified by the Department, and with any health care provider or personal representative designated on this application form.

In addition, though I do not have a representative, I want the Department to be able to release and exchange all information related to this review with:

Signature of Member or Legal Guardian

Date

Filing Instructions

Applications for Standard Review may be completed online at: [website link]

Completed applications and any supporting information may be submitted by:

Faxing to: 717-231-7960

Emailing to: RA-IN-ExternalReview@pa.gov

**Mailing to: Pennsylvania Insurance Department
Attn: Bureau of Managed Care
1311 Strawberry Square
Harrisburg, PA 17120**