

Health Care-Request for External Review

You are eligible to request an External Review if ALL the following apply:

- You have exhausted the Health Carrier's internal grievance process. (unless waived because the health carrier did not complete their review within the required time).
- The request is within 60 days of receipt of a Final Adverse Determination.
- The patient was covered on the date of service.
- The health care service appears to be a covered benefit.

The following types of policies are NOT eligible for review: Medicare supplement, disability income, hospital indemnity, specified accident, credit, long term care, and self-funded plans.

You are responsible for submitting:

- A copy of the Final Adverse Determination from the health carrier
- Pertinent documentation, such as bills, explanations of benefits, medical records, correspondence, statements from doctors, research material that supports your position, etc.

Note: It is your responsibility to submit medical records. The Office of Financial and Insurance Regulation does not contact medical sources.

Always send copies. Never send original documents.

1. Patient Name		Name of INSURED person
Name of Health Carrier (HMO, BCBSM, Health Insurer)		
Policy number	Group number (if applicable)	Claim number (if applicable)
Dates service was received or requested		◀ If service was received, enter date received. If not, enter date service was requested.
Physician and medical facility involved.		

2. Statement of request: Provide a brief explanation of the problem and the resolution you are seeking. Describe the medical service or requested service.

3. EXPEDITED External Review Requirements (if you are not requesting an expedited external review, or your request doesn't meet the conditions below, skip to Part 4)

The following conditions must be met:

- An expedited INTERNAL review has been requested AND
- The request is filed within 10 days of receipt of adverse determination AND
- A physician substantiates the medical condition involved in the adverse determination is serious enough to jeopardize the life or health of the covered person.

My request meets these requirements. By completing items (3a.) and (3b.) below, I am requesting an Expedited External Review.

(3a.) Date you requested an expedited INTERNAL review _____

(3b.) Name and phone number of substantiating physician: _____

4. This request is being filed by (choose one)

- The patient-provide patient's contact information in part 5
- The patient's parent (if patient is a minor child); or the patient's legal guardian- provide parent or legal guardian's contact information in part 5
- A representative authorized by the patient-provide authorized representative's contact information in part 5.

5. Contact information for person filing this form

Name of Patient, Parent, Legal Guardian or Authorized Representative

Address

City | State | Zip

Daytime phone number | Evening phone number

If you are not the patient, what is your relationship to the patient?

If person filing is NOT the patient or the patient's parent or the patient's legal guardian, the patient must designate the representative by reading and signing statement in part 6 below:

6. Patient authorization statement

I authorize the person named in Part 5, to act as my authorized representative in this External Review.

Signature of Patient | Date

7. Authorization to review medical information

I authorize the Office of Financial and Insurance Regulation (OFIR), the Independent Review Organization, the health carrier involved, and any other health care provider needed to review protected health information and records pertaining to this external review.

Signature of Patient | Date

8. Send your Request for External Review to

OFIR Health Plans Division -- Appeals Section

(by mail)	(by courier/delivery)
P.O.Box 30220	611 W. Ottawa Street, 3rd Floor
Lansing, MI 48909-7720	Lansing, MI 48933-1070
Fax: 1-517-241-4168	Phone: 1-877-999-6442

P.A. 251 of 2000 as amended, authorizes the Commissioner to review requests for external review. Submission of this form is required to request an external review by the Commissioner of the Office of Financial & Insurance Regulation.



Michigan Department of Labor & Economic Growth

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Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442