

OHIO DEPARTMENT OF INSURANCE
MODEL TREATING PHYSICIAN CERTIFICATION FOR INTERNAL APPEAL AND/OR EXTERNAL REVIEW

Note to the Treating Physician

Covered Persons may request an internal appeal and/or external review when a health plan issuer has denied a health care service or course of treatment. The standard internal appeal and external review processes can take up to 30 days from the request date to the date a decision is rendered. Expedited appeals or reviews are only available under the circumstances shown below. This form is for the purpose of providing the certification necessary to obtain an expedited appeal or review. Please complete the General Information section along with the appropriate certification and return the executed form to **[insert health plan issuer]** at any of the addresses shown below:

Fax Number:

Email Address:

Mailing Address:

General Information

Name of Covered Person/Patient:

Covered Person's Health Plan ID Number:

Name of Treating Physician:

Licensure and Area of Clinical Specialty:

Mailing Address:

Phone Number:

Email Address:

Fax Number:

Contact Person:

Phone Number:

Expedited Internal Appeal Certification

I hereby certify that I am a treating physician for _____ (hereafter referred to as "the covered person"); that adherence to the time frame for conducting a standard internal appeal would, in my professional judgment, subject the covered person to severe pain that cannot be adequately managed without the requested care or treatment; and that, for this reason, the covered person's appeal should be processed on an expedited basis.

Treating Physician Printed Name:

Signature

Date

OHIO DEPARTMENT OF INSURANCE
MODEL TREATING PHYSICIAN CERTIFICATION FOR INTERNAL APPEAL AND/OR EXTERNAL REVIEW

Concurrent Expedited Internal Appeal and Expedited External Review Certification

I hereby certify that I am a treating physician for _____ (hereafter referred to as "the covered person"); and (select all that apply):

☐ that adherence to the time frame for conducting an expedited internal appeal would, in my professional judgment, seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function; and that, for this reason, the covered person's expedited internal appeal should be conducted simultaneously with an expedited external review.

☐ that the recommended experimental or investigational treatment would, in my professional judgment, be significantly less effective if not promptly initiated; and that, for this reason, the covered person's expedited internal appeal should be conducted simultaneously with an expedited external review. I have attached the completed Treating Physician Certification Form for Experimental/ Investigational Adverse Benefit Determinations.

Treating Physician Printed Name:

Signature

Date

Expedited External Review Certification

I hereby certify that I am a treating physician for _____ (hereafter referred to as "the covered person"); that adherence to the time frame for conducting a standard external review would, in my professional judgment, seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function; and that, for this reason, the covered person's external review should be processed on an expedited basis.

Treating Physician Printed Name:

Signature

Date