

## Physician Certification for Expedited Review

This form is to be completed by the treating physician when the covered person has a condition where the timeframe to complete an expedited internal review (72 hours), a final adverse benefit determination (15-30 days) or a standard independent external review (20-45 days) would seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function.

Patient Information		
Last Name	First Name	MI
Address		
City	State	Zip

Health Care Provider Information		
Name	Specialty	
Address		
City	State	Zip
Contact Person	Phone	
Email	Fax	

Certification	
I hereby certify that in my medical judgment, the above named patient who has received an adverse determination for the medical services that I have recommended as medically necessary, requires such review to be provided on an expedited basis because a delay would seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function or, in the case of an experimental/investigational adverse determination, the recommended health care service or treatment would be significantly less effective if not promptly initiated.	
Provider Signature	Date

<b>Submit completed form and any supporting documents by:</b>
<b>Email: RA-IN-ExternalReview@pa.gov</b>
<b>Fax: 717-231-7960</b>
<b>Mail: Pennsylvania Insurance Department Attn: Bureau of Managed Care 1311 Strawberry Square Harrisburg, PA 17120</b>

