



Physician Certification - Request for Expedited Review

(Not available for care or services already provided)

Illinois Department of Insurance

This form is to be completed by the treating physician when the covered person has a medical condition where the timeframe for completion of an expedited internal appeal (48 hours), a final adverse determination (15-30 days), or a standard external review (21-45 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

first name

last name

Health Care Provider

treating
provider name _____

address _____

contact person _____ email _____ phone _____

fax _____

I hereby certify that in my opinion, 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, that the recommended health care service or treatment would be significantly less effective if not promptly initiated.

Provide description of patient's condition and explanation for expedited request.

Health Care Provider signature

National Provider ID
(NPI)

Date

Return this form to: Illinois Department of Insurance
Office of consumer Health Insurance
External Review Request
320 W. Washington Street
Springfield, IL 62767
877-850-4740 toll free phone
217-557-8495 fax
doi.externalreview@illinois.gov