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## State Corporation Commission Bureau of Insurance – External Review P.O. Box 1157 Richmond, VA 23218

Phone: 1-877-310-6560 Fax: (804) 371-9915 Email: externalreview@scc.virginia.gov

## EXTERNAL REVIEW REQUEST FORM

This External Review Request Form must be filed with the Virginia Bureau of Insurance within **120 DAYS** after receipt from your health carrier of a denial of payment on a claim or request for coverage of a health care service or treatment.

Name of Applicant:				
Applicant is: (check one) □Covered properties: Form 216-B must be complete				
Covered Person Information:				
Name:				
Street Address:				
City:	State:_		Zip:	
Date of Birth:				
Phone: Home ()		Work (	)	
Fax: ()	Email:			
Insurance Information:				
Health Carrier Name:				
Covered Person Insurance ID#:				
Insurance Claim/Reference #:				
Health Carrier Mailing Address:				
Health Carrier Phone:				

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Employer Information:
Employer's Name:
Employer's Phone:()
Is the health coverage you have through your employer a self-funded plan?  (If you are not certain please check with your Human Resource office or plan administrator.)
Health Care Provider Information:
Treating Health Care Provider (for the denied services):
Address:
Contact Person: Phone: (
Reason for Health Carrier Denial (Please check one):
☐ The health care service or treatment does not meet the requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness.
☐ The health care service or treatment is experimental or investigational (Form 216-D is required).
(NOTE: Other reasons for denial are not eligible for external review.)
SUMMARY OF EXTERNAL REVIEW REQUEST (Enter a brief description of the health care service or treatment that was denied, and attach a copy of the denial letter from your health carrier).

**Do not attach medical records at this time**. If your appeal is determined to be eligible, you will be notified when and where to submit your medical records and other documentation in support of your appeal.

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EXPEDITED REVIEW  If you need a fast decision, you may request that your external review be handled on an expedited basis. You may not request an expedited review if the service has already been provided.  Has the service been provided?  Yes No
To complete this request, your treating health care provider <b>must</b> complete Form 216-C stating that a delay would seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function.*
Is this a request for an expedited review? Yes No
*If you have received a final adverse determination involving emergency services, and you have not yet been discharged from a facility, check here Form 216-C is not required.  * If you have received an adverse determination involving treatment of cancer and choose to request an expedited external review without completing the internal appeals process, check here Form 216-C is not required.
SIGNATURE AND RELEASE OF MEDICAL RECORDS  To appeal your health carrier's denial, you must sign and date this external review request form and consent to the release of medical records.  I,
Signature of Covered Person (or legal representative*)  Date

<sup>\*</sup>Parent, Guardian, Conservator or Other – please specify