

**CERTIFICATION OF TREATING HEALTH CARE
PROVIDER FOR EXPEDITED EXTERNAL REVIEW**

An expedited external review may be requested if an adverse benefit determination has been issued and the timeframe for a standard external review (which can take up to 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, or would subject the Covered Person to severe pain (physical or emotional) that cannot be adequately managed without the requested health care service or treatment. An expedited external review must be completed at least within 72 hours. This Certification will trigger an expedited external review.

GENERAL INFORMATION

Name of the Treating Health Care Provider _____

Address _____

Phone # _____

Fax # _____

Licensure _____

Area of Clinical Specialty _____

Name of Covered Person/Patient _____

CERTIFICATION

I hereby certify that I am a treating health care provider for

_____ (Patient); that adherence to the timeframe for conducting a standard external review of the Patient's appeal would, in my professional judgment, seriously jeopardize the life or health of the Patient, or would jeopardize the Patient's ability to regain maximum function, or would subject the Patient to severe pain (physical or emotional) that cannot be adequately managed without the requested health care service or treatment; and that, for this reason, the Patient's appeal of the adverse benefit determination should be processed on an expedited basis.

Treating Health Care Provider's Signature

Date