



CareSource Just4Me™

201 N. Illinois St., Indianapolis, IN 46204 | 877.806.9284 | CareSource.com/Just4Me

TREATING PROVIDER OPINION FORM FOR INTERNAL APPEAL AND/OR EXTERNAL REVIEW (Indiana)

**Note to the Treating Provider**

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 process can take up to 45 days and External Review process can take up to 15 business days from the request date to the date a decision is rendered. Expedited Appeals and Expedited External Reviews are only available under the circumstances shown below. This form is for the purpose of providing an opinion to obtain an Expedited Appeal and/or Expedited External Review. Please complete the General Information section along with the appropriate opinion and return the executed form to CareSource at any of the addresses shown below:

Fax Number: **1-866-582-0613**

Email Address: **HIXING&A@caresource.com**

Mailing Address: CareSource Just4Me Attn: Grievance and Appeals, P.O. Box 1947 Dayton, OH 45401-1947

**General Information**

Name of Covered Person/Patient: \_\_\_\_\_

Covered Person's Health Plan ID Number: \_\_\_\_\_

Hospital (if hospitalized): \_\_\_\_\_

Name of Treating Physician: \_\_\_\_\_

Licensure and Area of Clinical Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Expedited Internal Appeal Opinion: Covered Person's Health is at Risk**

I hereby certify that I am a treating provider for \_\_\_\_\_ (hereafter referred to as "the covered person") and that adherence to the standard time frame for conducting a standard Internal Appeal (up to 45 days) could, in my professional judgment and opinion, in the absence of immediate medical attention, (1) seriously jeopardize the life or health of the covered person, (2) seriously jeopardize the covered person's ability to reach and maintain maximum function, or (3) subject the covered person to severe pain that cannot be adequately managed without

the care or treatment that is subject to this Appeal. For this reason, the covered person's Internal Appeal should be processed on an expedited basis.

Treating Provider Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Expedited External Review: Covered Person's Health is at Risk**

I hereby certify that I am a treating provider for \_\_\_\_\_ (hereafter referred to as "the covered person") and that adherence to the standard time frame for conducting a standard External Review (up to 15 business days), in my professional judgment and opinion, in the absence of immediate medical attention, (1) could seriously jeopardize the life or health of the covered person, (2) could seriously jeopardize the covered person's ability to reach and maintain maximum function, (3) the requested health care service in question would be significantly less effective if not promptly initiated, or (4) the requested health care service is related to a claim involving Emergent Care and a Concurrent Care claim. For this reason, the covered person's External Review should be processed on an expedited basis.

Treating Provider Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Concurrent Expedited Internal Appeal and Expedited External Review Opinion**

I hereby certify that I am a treating provider for \_\_\_\_\_ (hereafter referred to as "the covered person") and (select all that apply):

☐ that adherence to the standard time frame for conducting an Expedited Internal Appeal of rendering a decision within 72 hours from the date of request, in my professional judgment and opinion, in the absence of immediate medical attention, could seriously jeopardize the life or health of the covered person or the covered person's ability to reach and maintain maximum function. For this reason, the covered person's Expedited Internal Appeal should be conducted simultaneously with an Expedited External Review.

☐ that the recommended or requested treatment is related to a claim involving Emergent Care and a Concurrent Care claim. For this reason, the covered person's Expedited Internal Appeal should be conducted simultaneously with an Expedited External Review.

Treating Provider Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IN-EXCM-21