



TREATING PROVIDER CERTIFICATION FOR INTERNAL APPEAL (North Carolina)

Note to the Treating Physician

Covered Persons may request an internal appeal when a health plan issuer has denied a health care service or course of treatment. The standard internal appeal review process can take up to 30 days from the request date to the date a decision is rendered. Expedited appeals are only available under the circumstances shown below. This form is for the purpose of providing the certification necessary to obtain an expedited appeal. Please complete the General Information section along with the appropriate certification and return the executed form by fax or mail:

- Fax Number: 937-531-2398
• Mailing Address: CareSource North Carolina Co., Attn: Member Appeals, PO Box 1947, Dayton, OH 45401

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:

Expedited Internal Appeal Certification

I hereby certify that I am a treating physician for (hereafter referred to as "the covered person"); that adherence to the time frame for conducting a standard internal appeal would, in my professional judgment, subject the covered person to severe pain that cannot be adequately managed without the requested care or treatment; and that, for this reason, the covered person's appeal should be processed on an expedited basis.

Treating Physician Printed Name:

Signature Date

Sincerely,
CareSource North Carolina Co. Clinical Appeals Department