



Illinois Department of Insurance

Physician Certification Expedited Review

320 West Washington Street
Springfield, IL 62767
877-850-4740 Toll-free
TDD: 866-323-5321
Fax: 217-557-8495

DOI.externalreview@illinois.gov

This review is NOT if available if services have already been provided

Revised 3/2020

This form is to be completed by the treating physician when the patient 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.

NOTE: By requesting an expedited external review, you are waiving any available appeal steps and will not have an opportunity to submit additional information after this request.

PATIENT INFORMATION

Last	First	MI
Address	City	State
		Zip

HEALTH CARE PROVIDER INFORMATION

Treating Health Care Provider Name	Area of Clinical Specialty
Address	City
	State
	Zip
Contact Person	Phone
Email	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.

Provider Signature _____

Date _____

Send completed form and any supporting documents to:

Illinois Department of Insurance
Office of Consumer Health Insurance
320 West Washington Street
Springfield, IL 62767

FAX (217) 557-8495
Email DOI.externalreview@illinois.gov
Submit on-line at <http://insurance.illinois.gov>
Toll-free Consumer Hotline: 877-850-4740
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