



STATE OF ALASKA

DIVISION OF INSURANCE – External Review

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Certification of Treating Health Care Provider
Expedited External Review Appeal – Experimental /Investigational

A covered person/patient may request an external review when a health care insurance company has denied coverage for a prospective health care service or course of treatment on the basis of a utilization review determination that the requested health care service or course of treatment is investigational or experimental. The treating physician must certify that one of the following situations is applicable: 1. Standard health care services or treatments have not been effective in improving the condition of the covered person; 2. Standard health care services or treatments are not medically appropriate for the covered person; or 3. There is no available standard health care service or treatment covered by the health care insurer that is more beneficial than the recommended or requested health care service or treatment sought. The request may be eligible for expedited review if the covered person’s treating physician provides written certification that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

This form is for the purpose of providing medical documentation to certify that the experimental/investigational treatment request qualifies for expedited external review.

General Information:

Name of Treating Health Care Provider:

Mailing Address:

City: State: Zip:

Phone Number Fax Number

Licensure and Area of Clinical Specialty:

Certification:

I hereby certify that denial of the following investigational or experimental health care service or course of treatment for meets at least one of the three criteria identified above and would be significantly less effective if not promptly initiated:

(Attach additional medical or scientific evidence and explanation if necessary)

Signature: Date: