



STATE OF ALASKA

DIVISION OF INSURANCE – External Review

550 W. 7th Avenue, Suite 1560 Anchorage, Alaska 99501-3567
Tel: (907) 269-7900 Fax: (907) 269-7910 TTY/TDD: 711 or (800) 770-8973

Statement of Treating Health Care Provider

A covered person/patient can request an external review when a health 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 does not meet the health insurer's requirements for medical necessity, appropriateness, health care setting, level of care or the effectiveness of the health care service or treatment prescribed by a health care provider. The Alaska Division of Insurance oversees external review appeal processes. This form is designed to assist a covered person provide documentation to establish whether a medical service or treatment is eligible for benefit coverage due to medical necessity, health care setting, level of care, appropriateness, and/or effectiveness determinants.

General Information:

Patient Name: _____

Name of Treating Health Care Provider: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Fax Number _____

Licensure and Area of Clinical Specialty: _____

Medical opinion in support of coverage:

(Attach additional support and explanation if necessary)

Signature: _____ Date: _____