

Appendix A: Provider Request for Documentation

To: _____ From: _____
Mgd Care Co: _____ Provider: _____
Fax: _____ Fax: _____
Phone: _____ Phone: _____

Please disclose specific criteria and the processes, strategies, evidentiary standards and other factors [insert plan name] used to apply such criteria or protocols to deny coverage as detailed herein. Please document how this criteria and/or protocols are comparable to the medical/surgical criteria and/or protocols and how they were applied to the behavioral health services requested in a no more stringent manner than to similar service categories under the medical/surgical benefits provider under the plan.

Patient/Insured's Name: _____
Insurance Company: _____
Insurance Policy ID#: _____
Level(s) of care requested: _____

Should you have any questions regarding this request, please contact me at the phone number listed above.