

Requests for a review must be made within 30 days of your receipt of the denial.

Please type or print information clearly. Complete and correct information will enable prompt review.

Name of Enrollee: _____

MIF Enrollee ID Number: _____

Name of Person Making Request for Review (if different): _____

Relationship to Enrollee: Parent ____ Guardian ____ Authorized Representative ____ (if so, please provide proof of authorization)

Address of Person Making Request for Review:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: () _____ Email: _____

Date of the denial: _____

Please specify the items denied for which you are seeking review:

Please state the reason(s) you believe the determination was incorrect:

In addition to this form, what documents (if any) are you including with this Request for Review?

The review will be conducted by a hearing officer. Please indicate that type of review you are requesting:
(Please check only ONE.)

- a review based on documents submitted by both parties (you and the Fund Administrator)
- a review in the form of a hearing conducted by telephone, or
- a review in the form of a hearing conducted in person.

If you would like a hearing in person, do you need any reasonable accommodations?

No: Yes: Please explain:

If you want a hearing, is an interpreter needed and if so, for what language?

No: Yes: Language: _____

Signature

Date

In addition to a formal review by a hearing officer, you may request an informal conference with the Fund Administrator, AliCare. If requested, an informal conference will be scheduled prior to the formal review.

Please complete this form and return it to AliCare. Your request for a formal review must be made within 30 days of when you receive the denial letter.

Fund Administrator: AliCare

- E-mail: MIF@dfs.ny.gov
- Fax: 914-367-4138

Regular Mail:

NYS Medical Indemnity Fund
c/o AliCare
P.O. Box 5441
White Plains, NY 10602-5441

Overnight or Courier delivery:

NYS Medical Indemnity Fund
c/o AliCare
333 Westchester Avenue
White Plains, NY 10604

The regulations governing the Medical Indemnity Fund review process can be found at 10 NYCRR § 69-10.16. A copy of that section is attached.