

**PHYSICIAN ATTESTATION FOR AN EXTERNAL APPEAL: OUT OF NETWORK SERVICE DENIAL**

The patient’s physician must complete this attestation for any external appeal of a health plan’s denial of services. The Department of Financial Services or the external appeal agent may need to request additional information from you, including the patient’s medical records. This information should be provided immediately. The attestation and supporting documents may be submitted via our secure portal. Or by mail to New York State Department of Financial Services, 99 Washington Avenue, Box 177, Albany NY 12210 or Fax: (800) 332-2729, or email [earesponse@dfs.ny.gov](mailto:earesponse@dfs.ny.gov). Please call 800-400-8882 if you need assistance.

If the patient has **not yet received the treatment**, and the **30-day timeframe will seriously jeopardize the patient’s life, health, or ability to regain maximum function**, or a delay will pose an imminent or serious threat to the patient’s health, the patient’s physician may request the appeal be expedited. The external appeal agent must make an expedited decision within 72 hours, instead of 30 days, whether you provide all necessary medical information or records to the agent or not. **You must send information to the agent immediately in order for it to be considered.**

**\*\*\* If expedited you must call 888-990-3991 immediately after you submit the appeal.\*\*\***

Type of Review	<input type="checkbox"/> Standard Appeal (30 days)	<input type="checkbox"/> Expedited Appeal (72 hours)
If Expedited, check one:	<input type="checkbox"/> Expedited Appeal: Denial concerns an admission, availability of care, continued stay, or health care service for which the patient received emergency services and remains hospitalized. <input type="checkbox"/> Expedited Appeal: 30-day timeframe will seriously jeopardize patient’s life, health, or ability to regain maximum function, or a delay will pose an imminent or serious threat to patient’s health.	
If Expedited:	<input type="checkbox"/> I am aware that the external appeal agent may need to contact me during non-business days for medical information, including medical records, and that a decision will be made by the external appeal agent within 72 hours of receiving this expedited appeal request, regardless of whether or not I provide medical information or medical records to the external appeal agent.	
	During non-business days, I can be reached at: (     )	

1. Name of Physician completing this form:			
To appeal out-of-network service denial (the health plan offers an alternate in-network service that is not materially different from the out-of-network service), the physician must be licensed and board-certified or board-eligible and qualified to practice in the area of practice appropriate to treat the patient.			
2. Physician Street Address:			
Physician City, State, Zip:			
3. Contact Person:			
4. Contact Phone Number:	(     )	Fax #:	(     )
5. Contact Email (if e-mail is preferred):			
6. Name of Patient:			
7. Patient Street Address:			
Patient City, State, Zip:			
8. Patient Phone Number:	(     )		
9. Patient Health Plan Name and ID Number:			



**10. Out-of-Network Service Denial - Physician Attestation:**

As the patient’s physician, I attest that the following out-of-network health service (identify service) is materially different from the alternate in-network health service recommended by the health plan and (based on the following **two** documents of medical and scientific evidence) is likely to be more clinically beneficial than the alternate in-network health service and the adverse risk of the requested health service would likely not be substantially increased over the alternate in-network health service.

Identify service:

**a. List and attach the documents relied upon and attach a copy of the documents:**

Document #1 Title:				
Publication Name:		Issue Number:		Date:
Document #2 Title:				
Publication Name:		Issue Number:		Date:

**b. Supporting Documents**

The medical and scientific evidence listed above meets one of the following criteria (Note: peer-reviewed literature does not include publications or supplements sponsored to a significant extent by a pharmaceutical manufacturing company or medical device manufacturer.)		Check the applicable documents:
<input type="checkbox"/>	Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institute of Health’s National Library of Medicine for indexing in Index Medicus, Excerpta Medicus, Medline and MEDLARS database Health Services Technology Assessment Research;	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2
<input type="checkbox"/>	Peer-reviewed scientific studies published in, or accepted for publication by, medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2
<input type="checkbox"/>	Peer-reviewed abstracts accepted for presentation at major medical association meetings;	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2
<input type="checkbox"/>	Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the federal Social Security Act;	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2
<input type="checkbox"/>	The following standard reference compendia: (i) the American Hospital Formulary Service Drug Information; (ii) the National Comprehensive Cancer Network’s Drugs and Biological Compendium; (iii) the American Dental Association Accepted Dental Therapeutics; (iv) Thomson Micromedex DrugDex; or (v) Elsevier Gold Standard’s Clinical Pharmacology; or other compendia as identified by the Secretary of Health and Human Services or the Centers for Medicare & Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal;	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2
<input type="checkbox"/>	Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services.	<input type="checkbox"/> Document #1 <input type="checkbox"/> Document #2

**11. Physician Signature**

I attest that the above information is true and correct. I understand that I may be subject to professional disciplinary action for making false statements.

Physician’s Signature		Date:	
Physician Name: (Print Clearly):			