

APPLICATION FOR AN ADMINISTRATIVE REVIEW

Applicant Name: _____

Primary Contact: _____ Phone: _____

Address: _____

Fax Number: _____ E-mail Address: _____

Reason for Request: Claim Denial Demand Notice Other

Participants on behalf of the Applicant:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Review Amount (if known): \$ _____

Years Covered: _____

Review Issue: _____

(Continue on separate pages if necessary.)

Signature on behalf of

Applicant: _____ Date: _____

Name: _____

Title, if applicable: _____

Note: Supporting documents, if available, must be submitted with this Application.