



Treating Physician Certification for Internal Appeal and/or External Review

Note to the Treating Physician:

Members of ProCare Pharmacy Benefit Manager, Inc. (ProCare Rx) may request an internal appeal and/or external review when ProCare Rx has denied a health care service or course of treatment. The standard internal appeal and external review processes can take up to 30 days from the request date to the date a decision is rendered. Expedited appeals or reviews are only available under the circumstances shown below. This form is for the purpose of providing the certification necessary to obtain an expedited appeal or review. Please complete the General Information section along with the appropriate certification and return the executed form to ProCare Rx. at any of the following:

Fax Number: 1-866-999-7736

Mailing Address: ProCare PharmacyCare
3891 Commerce Parkway
Miramar, FL 33025

Email Address: appeals@procarerx.com

General Information:

Name of Member/Patient:	
Member's ID Number:	
Name of Treating Physician:	
Licensure and Area of Clinical Specialty:	
Mailing Address:	
Phone Number:	
Contact Person:	
Email Address:	
Phone Number:	Fax:



Expedited Internal Appeal Certification

I hereby certify that I am a treating physician for _____ (hereafter referred to as "member"); that adherence to the time frame for conducting a standard internal appeal would, in my professional judgment, subject the member to severe pain that cannot be adequately managed without the requested care or treatment; and that, for this reason the member's appeal should be processed on an expedited basis.

Treating Physician Printed Name: _____

Signature of Treating Physician: _____ Date: _____

Concurrent Expedited Internal Appeal and Expedited External Review Certification:

I hereby certify that I am a treating physician for _____ (hereafter referred to as "member"); (and select all that apply)

- that adherence to the time frame for conducting an expedited internal appeal would, in my professional judgment, seriously jeopardize the life or health of the member or would jeopardize the member's ability to regain maximum function; and that, for this reason, the member's expedited internal appeal should be conducted simultaneously with an expedited external review.
- that the recommended experimental or investigational treatment would, in my professional judgment, be significantly less effective if not promptly initiated; and for this reason, the covered person's expedited internal appeal should be conducted simultaneously with an expedited external review. I have attached the completed Treating Physician Certification Form for Experimental/ Investigational Adverse Benefit Determinations.

Treating Physician Printed Name: _____

Signature of Treating Physician: _____ Date: _____

Expedited External Review Certification:

I hereby certify that I am a treating physician for _____ (hereafter referred to as "member"); and that adherence to the time frame for conducting a standard external review would, in my professional judgment, seriously jeopardize the life or health of the member or would jeopardize the member's ability to regain maximum function; and that, for this reason, the covered person's external review should be processed on an expedited basis.

Treating Physician Printed Name: _____

Signature of Treating Physician: _____ Date: _____