ALLIED Predetermination Request / Predetermination Appeal Form

Customer Service - Phone: 800-288-2078 | Medical Review - **Fax:** 312-906-8359 **Email:** mrinquiry@alliedbenefit.com

Mail: Allied Benefit Systems, LLC P.O. Box 211651 Eagan, MN 55121

BEFORE PROCEEDING, NOTE THE FOLLOWING:

- Benefit reimbursement is subject to 1) the terms, conditions, and limitations of the Plan's Summary Plan Description ("SPD"), and 2) eligibility of the patient at the time the service is incurred.
- Please be sure to comply with any other applicable pre-certification requirements as stated on the patient's health benefits card. If needed, please contact Allied's customer service department for current benefits at the telephone number listed on the patient's health benefits card.
- Please complete the form and submit all required documentation. Failure to do so may result in delays in processing.

PLEASE COMPLETE AND REMIT FORM ALONG WITH REQUIRED DOCUMENTATION:

**Asterisk denotes required field. Numeric fields do not require dashes.*

Request Information	
Date Submitted	**Request Type (check one)** **___ Standard Request __ Urgent Request**

Subscriber Information	
Subscriber First Name *	**Subscriber Last Name ***
Employer Group Number *	**Employer/Group Name ***
Subscriber ID *	

Patient Information	
Patient First Name *	**Patient Last Name ***
Relationship to Subscriber *	

Provider Information			
Requesting Physician Name	**Tax ID Number**		
Street Address	**City**	**State**	**Zip Code**
Phone Number	**Fax Number**		

Requestor Information	
First Name	**Last Name**
Phone number	**Fax Number**

Predetermination Review Information			
Check one: **___ Initial Request ___ Continuation ___ Predetermination Appeal**			
Diagnosis	**ICD-10**	**Procedure**	**CPT®/HCPCS**

Please Provide the Following Documentation For Your Request:

All Requests:

- Current history and physical.
- Signs and symptoms, including members complaint.
- Diagnostic lab and imaging results.
- Letter of medical necessity.
- Procedure and diagnosis code.
- Last 6 months of office notes, labs, and imaging results.