

**Commonwealth of Kentucky
Department of Insurance
Assignment of Independent Review Entity Form**

Instructions:

This form is to be used by an Insurer or its designee to report the assignment of an external review (ER) to an independent review entity (IRE). Please complete this form and fax to the Division of Health Insurance Policy and Managed Care, Utilization Review Registration and Appeals Branch at 502-564-2728 within one business day of assignment. If you have any questions, please contact ER staff at 502-564-6088.

Name of insurer _____

Insurer's ER Coordinator

Name _____

Address _____

E-mail Address _____

Phone # _____

Fax # _____

Date Insurer received request for ER _____

Service denied _____

Category of ER (check one) Inpatient/Residential Outpatient Services
 Prescription Drugs Durable Medical Equipment
 Other (explain): _____

Name/address of covered person _____

ER relates to: (check one) Adverse Determination Coverage Denial/Medical Issue

Is this request for an expedited ER? (check one) YES NO

Name of Assigned IRE _____

Date IRE accepted assignment _____

Name of IRE used for insurer's previous ER _____