**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.

<table>
<thead>
<tr>
<th>Name of insurer</th>
<th>Insurer's ER Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name _____________________</td>
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<tr>
<td></td>
<td>Address ___________________</td>
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<tr>
<td></td>
<td>E-mail Address ______________</td>
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<td>Phone # ___________________</td>
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<td>Fax # _____________________</td>
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</tbody>
</table>

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 ________________________________________________