

# **Expedited Medical Necessity Determination Request Form**

This form is for use with Rule 14 of the New Jersey No-Fault Automobile Arbitration Rules which states in part: “**If an insurer denies approval for medical treatment or testing as not medically necessary and the treatment or testing has not occurred, then the injured person or his/her health care provider may request an expedited determination of medical necessity by a Medical Review Organization (“MRO”).**

Instructions

Please complete each page of this form and attach/upload this form and copies of **unredacted** medical records**.** All medical records submitted **must** be indexed on this form or indexed and attached to this form as an exhibit. A fee of **$1,300.00** is payable to Forthright ***for each injured person and each health care specialty to be reviewed.*** {Please contact Forthright if you have questions.}

Forthright Case #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of patient/injured person:

I request a determination by an MRO of the **medical necessity** of the proposed treatment/testing described below:

Identify the desired primary specialty or discipline of the reviewing health care provider (select only one):

Acupuncture  Gastroenterology

Cardiology  General Surgery

Chiropractic  Internal Medicine

Dental - general  Neurological Surgery

Dermatology  Neurology

ENT  Neuro/Psychiatry

Family Practice  Neuro/Psychology

Ophthalmology  Plastic Surgery

Oral Surgery  Psychiatry

Orthopedic Surgery  Psychology

Pain Management  Rheumatology

Physical Medicine  TMJ Specialist

# Patient’s Medical Information

Date of Birth Date of Accident

Gender

Past Medical History (including surgeries)

History of the Accident

Diagnosis

Diagnostic tests performed

Treatments and procedures performed

Treatments, diagnostic tests and procedures to be performed and the reasons for performing them

Any additional pertinent medical information

Index of all documents submitted for review: