

CONNECTICUT
Expedited Request Form

This form may be used by the **attending physician**, for a patient who is **admitted** to an acute care hospital, if the physician determines that the patient's life will be endangered or other serious injury or illness could occur if the patient is discharged or if treatment is delayed

Patient Information	Hospital/Provider Information
Name	Hospital Name
Address	Attending Physician
	Telephone
Insured Name	Fax Number
Insurer	Utilization Review Company
Identification #	
Relationship of Patient to Insured:	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child	

Specific Request (i.e. treatment or extension of length of stay) _____

Clinical Indication, Complication and/or Deviations from Standards:(please explain and note time observed)

Current treatment plan: _____

Signature of Attending Physician

/_____
Tel. # / Fax # of Attending Physician

Date and Time of Request

NOTICE TO UTILIZATION REVIEW COMPANY:

Pursuant to Section 18(e) of Public Act 97-99, as amended by PA 97-8 June 18 Special Session, if no response is received after three (3) hours have passed since the provider sent the request and all information needed to complete the review, such request shall be deemed approved. Any determination not to certify the request for service, procedure or extension of stay must be in writing and include 1) the principal reasons for the denial, 2) the procedures to initiate an appeal of the determination or the name and telephone number of the person to contact with regard to the appeal and 3) the procedure to appeal to the Insurance Commissioner for an external appeal.

All determinations not to certify must be made by a licensed practitioner. Each utilization review company shall make review staff available from 8:00 a.m. to 9:00 p.m., eastern time to process requests.