



157 S. Broad Street ♦ Suite 400
 Lansdale ♦ PA ♦ 19446
 215.855.IMED ♦ Fax: 215.855.5318
 www.imedecs.com

QUALITY REVIEW REQUEST FORM

Thank you for choosing IMEDECS as your source for quality, comprehensive medical case review services.
Please complete this form and fax it back to us at (215) 855-5318.

CLIENT TRACKING# / IDENTIFIER: _____ **ORDER DATE:** _____

STEP 1: Select Service

Quality of Care Review - Practitioner Credentialing/Privileging Assessment
 Quality of Care Review - Medical Facility Fraud Review

STEP 2: Required Information (Include relevant information on issue(s) to be addressed):

Diagnosis(es):
Procedures(s):
Treating Facility:
Treating Provider:
Provider Specialty:

STEP 3: Questions to be Addressed :

STEP 4: Select Panel Size: Single Physician Two Physicians Three Physicians

STEP 5: Select Time Frame:

DESIRED DATE of Completion _____

STEP 6: Contact Information

PRIMARY CONTACT:		BILLING CONTACT (if different):	
Name:		Name:	
Title:		Title:	
Company:		Company:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	

This fax may contain information which is proprietary, confidential, and the property of IMEDECS. Please direct this document only to the addressee named above. If the document has been received by an installation other than that named above, please contact us and we will arrange for the return of this document at no cost to you.



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TERMS OF AGREEMENT:

All Review Services provided by **IMEDECS** represent the opinion of physicians(s) and/or other clinical specialist(s) regarding a medical treatment/plan of care or care delivered for a specific patient or patients with a specific clinical condition(s)/diagnosis(es), health insurance coverage policy, or clinical practice/review guidelines. **IMEDECS** utilizes independent physicians and/or other clinicians (contractors) that have been credentialed according to URAC and other relevant state and federal government standards. **IMEDECS** contractors' education, specialty training and credentials, experience and professional reputation qualify them as appropriate specialists to review the case(s) assigned to them by **IMEDECS**. In arriving at opinions regarding the medical appropriateness, medical necessity, and/or experimental/investigational status of the questioned treatment/plan of care, **IMEDECS** physician/clinician contractors review medical records and other documents submitted to **IMEDECS** by the health care facility, health plan, patient's physician(s) and/or patient/enrollee. Physician/clinician contractors also consider published scientific medical evidence and other relevant information such as that available through federal government agencies, institutes, and professional associations. The opinions of contractors reflected in case review report conclusions are provided in good faith. **IMEDECS** assumes no liability for the opinions of its experts. The health plan, organization, or other party authorizing this review has the right to submit a grievance or appeal in writing regarding case review report conclusions. The health plan, organization, or other party authorizing this review agrees to hold **IMEDECS** and its contractors harmless for any and all claims that may arise as a result of this review where such liability results from negligent acts or omissions of Purchaser. Any decisions regarding privileging, credentialing or other actions to be taken regarding a physician(s), network of physicians, or health care facility are solely within the discretion of the health plan, organization, or other party authorizing this review.

For the purposes of this Review, the parties intend that the activities of **IMEDECS**, its staff, contractors and expert reviewers shall be protected by the state peer review protection act applicable in the jurisdiction in which the review originates, and by the Federal Health Care Quality Improvement Act.

By transmitting this Review Request Form, the referring entity represents that it has complied with all applicable laws and regulations governing the performance of independent medical case reviews, and that **IMEDECS** will rely on such representation by the referring entity.

Purchaser, through its undersigned, authorized representative, authorizes **IMEDECS** to proceed with the case review as indicated above. Purchaser agrees to remit the agreed upon fixed fee, or amount to be determined and based on consulting time and direct expenses. Payment terms are net 30 days, with interest applied after 30 days at 1 1/2% per month. If the purchaser cancels the review after authorization to proceed has been given, purchaser agrees to remit the expenses incurred by **IMEDECS** up through the time of cancellation on a time and material basis. Purchaser has read, understands and accepts the terms of agreement.

Signature of Authorized Representative

Date

Printed Name and Title of Authorized Representative

Purchaser (Corporation/Organization/Agency)