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| **Request Information** |

*It is the policy of Empower Healthcare Solutions (Provider-led Shared Savings Entity) to provide or authorize a second opinion by an appropriately qualified health care professional when requested by member or treating health care professional/provider.*

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| **Member Name:** Click here to enter text. | **Empower ID**: Click here to enter text. | **DOB**: Click to enter a date. |
| 1. Who is requesting the Second Opinion: | Member/Guardian  Provider | |
| 1. Name of the individual or entity requesting the Second Opinion: | Click here to enter text. | |
| 1. Procedure/Service being requested: | Procedure/Service: Click here to enter text.  Procedure code and description: Click here to enter text. | |
| 1. Reason(s) for the request *(select all that apply*): | There are questions regarding the reasonableness or necessity of the procedure  Member disagrees with the diagnosis or plan of care  Clinical indications are not clear or are complex/confusing  Diagnosis is in doubt due to conflicting test results  Treating health professional is unable to diagnose the condition  Current treatment plan is not improving the member’s medical condition within an  appropriate period of time given the diagnosis and care plan | |
| 1. Has a provider been identified: | Select an option  If Yes, please provide the following provider info:  Name: Click here to enter text.  NPI: Click here to enter text.  TIN: Click here to enter text. Address: Click here to enter text.  Contact Number: Click here to enter text. | |
| 1. ROI received: | Select an option | |
| 1. Is there a service/procedure associated with this request that will require a Prior Authorization: | Select an option | |
| 1. Has a Prior Authorization been submitted: | Select an option  If Yes, what date was it submitted? Click to enter a date. | |
| 1. Additional Info: | Click here to enter text. | |
| Signature of UM Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: Click to enter a date. |

Please upload the signed completed form to the Empower portal.