



**Request for Review Form
Claim Denial or Prior Approval Request Denial**

Requests for a review must be made within 30 days of your receipt of the denial

Request being made on behalf of (Name of Enrollee): _____

MIF Enrollee ID: NYS _____

Name of Person(s) Submitting Request: _____

Signature of Person(s) Submitting Request: _____

Relationship to Enrollee: _____

Address of Person Requesting the Review:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date of the denial: _____

Please specify the items denied for which you are seeking review:

Please state the reason(s) you believe the determination was incorrect:



Medical Indemnity Fund

In addition to this form, what documents (if any) are you including with this Request for Review?

The review will be conducted by a hearing officer. Please indicate that type of review you are requesting: (Please check only ONE)

- A review based on documents submitted by both parties (you and the Fund Administrator)
- A review in the form of a hearing conducted by telephone, or
- A review in the form of a hearing conducted in person.

If you would like a hearing in person, do you need any reasonable accommodations?

No: _____ Yes: _____ Please explain: _____

If you want a hearing, is an interpreter needed and if so, for what language?

No: _____ Yes: _____ Language: _____

Signature

Date

In addition to a formal review by a hearing officer, you may request an informal conference with the Fund Administrator, Public Consulting Group. If requested, an informal conference will be scheduled prior to the formal review.

Please complete this form and return it to Public Consulting Group. Your request for a formal review must be made within 30 days of when you receive the denial letter.

Please send this form to:

Medical Indemnity Fund c/o PCG
P.O. Box 7315
Albany, N.Y. 12224

Photographs and faxes of claims are not acceptable and will not be processed. The regulations governing the Medical Indemnity Fund review process can be found at 10 NYCRR §69-10.16