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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 optionIf 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 optionIf 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.