



CONNCUR PROGRAM

REQUEST FOR SPECIAL RETROSPECTIVE REVIEW OF GENERAL HOSPITAL EMERGENCY ADMISSIONS WHEN AUTHORIZATION WAS NOT OBTAINED ON A TIMELY BASIS.

INSTRUCTIONS:

Complete all items on this form and send it with a check for \$100.00 (make check payable to QUALIDIGM/CONNCUR) and a copy of the medical record. For stays longer than seven days, you may choose to send only those parts of the record, which relate to the first seven days. Send to:

QUALIDIGM
Attention: Linda Johnson
CONNCUR Program
1111 Cromwell Avenue, Suite 201
Rocky Hill, CT 06067-3454

This form may be used only for those emergency hospitalizations which meet the Department of Social Services' requirements for "**Special Request for Retrospective Review of General Hospital Emergency Admissions When Prior Authorization was not Obtained on a Timely Basis.**" The request must be made within thirty(30) calendar days from the date of admission or for "Good Cause Exception" (explanation required below).

For questions regarding receipt of records, please call Linda Johnson at (860) 632-6336. All other questions should be addressed to Margaret Butkovich at (860) 632-3727.

RECIPIENT NAME _____ DATE OF BIRTH _____

MEDICAID # _____ MEDICAL RECORD # _____

DATE OF ADMISSION _____ DATE OF DISCHARGE _____

ATTENDING PHYSICIAN _____ LICENSE# _____

HOSPITAL _____

REQUESTING PARTY _____ TITLE _____

TELEPHONE# _____ DATE OF REQUEST _____

"GOOD CAUSE EXCEPTION" EXPLANATION: _____

