

AUTO INSURANCE UTILIZATION REVIEW PROVIDER ATTESTATION

Michigan Department of Insurance and Financial Services
Office of Appeals and Market Regulation
Utilization Review Section
DIFS-URAppeals@michigan.gov
www.michigan.gov/AutoInsuranceUR

Pursuant to R 500.205(2), a provider that appeals a determination to the Department under R 500.65 and is requested by the Department to submit its charge description master in effect on January 1, 2019, or its average amount charged for a service on January 1, 2019, shall also submit an attestation that the information provided is accurate.

I. PROVIDER INFORMATION

The name of the provider entered below must exactly match the provider's name listed on the Provider Appeal Request (FIS 2356) form.

Provider:	
Provider Point of Contact (First and Last Name):	
Provider Address:	
Phone Number:	Ext.
Email Address:	

II. ATTESTATION

I attest to the best of my knowledge that the information submitted to the Department as the provider's charge description master in effect on January 1, 2019, or its average amount charged for a service on January 1, 2019, is true, correct, and complete to the best of my information and belief. By submitting this form, I am acknowledging that I am authorized to submit this form on behalf of the provider.

Authorized Signature:	Date:
Printed Name and Title:	