

AUTO INSURANCE UTILIZATION REVIEW INSURER REPLY TO PROVIDER APPEAL

Michigan Department of Insurance and Financial Services
Office of Appeals and Market Regulation
Utilization Review Section

Submit completed form to: DIFS-URAppeals@michigan.gov

I. UTILIZATION REVIEW APPEAL INFORMATION

DIFS Utilization Review Case Number: _ _ - _ _ _ _	Date of Accident:
Provider Name:	Injured Person's Name:

II. AUTO INSURANCE COMPANY INFORMATION

Auto Insurance Company Name:	NAIC Number:
Medical Review Organization:	Claim Number:

III. INSURER REPLY TO PROVIDER APPEAL

- Please attach a response explaining the basis for the insurer's utilization review determination.
- Please include any documentation that supports the insurer's response.
- If additional reimbursement has been issued related to the appealed determination, please include an updated determination that includes all payments issued.

IV. INSURER CERTIFICATION AND ACKNOWLEDGEMENTS

By signing this form, I understand and acknowledge that I will respond to the Michigan Department of Insurance and Financial Services' inquiries regarding this appeal, and I certify that the information included on this form is correct and complete to the best of my knowledge and belief. I also understand and acknowledge that submitting false or misleading information is cause for non-acceptance of this reply and may subject me and/or the insurer to penalties as provided by law.

Authorized Signature:	Date:
Print Name/Title:	Email Address:



Michigan Department of Insurance and Financial Services

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