

AUTO INSURANCE UTILIZATION REVIEW INSURER REPLY TO PROVIDER APPEAL

Michigan Department of Insurance and Financial Services
Office of Research, Rules, and Appeals
Utilization Review Section

Submit form to: DIFS-URAppeals@michigan.gov
Michigan.gov/AutoInsuranceUR

Auto Insurance Company Name:	DIFS Utilization Review Case Number:
NAIC Number:	Claim Number:
Medical Review Organization:	Date of Accident:

I. INSURER REPLY TO PROVIDER APPEAL

Please attach a response explaining the basis for the insurer's utilization review determination.

II. DOCUMENTATION INCLUDED IN SUPPORT OF REPLY:

Please list in the space below, and attach to your reply, any documentation that supports the insurer's response for Part I.

List of Documentation Included (Date/Title/Number of Pages):
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III. 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 rejection of this reply and may subject me and/or the insurer to penalties as provided by law.

Authorized Signature:	Date:
Print Name/Title:	



Michigan Department of Insurance and Financial Services

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