

AUTO INSURANCE UTILIZATION REVIEW PROVIDER ATTESTATION

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

DIFS-URAppeals@michigan.gov

Fax: 517-763-0305

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.

This form must be completed and submitted to the Department when the provider submits its charge description master or average amount charged for a service.

I. PROVIDER INFORMATION

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

Provider:	
Provider Point of Contact:	
Provider Address:	
Phone Number:	Fax Number:
Provider Point of Contact 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 completed 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:	



Michigan Department of Insurance and Financial Services

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