

Clinical Summary Information- prior treatment history, current treatment plan and other pertinent information, etc:

SUPPORTING DOCUMENTATION:

The following documentation is not required but may be submitted. Only submit clinical information that supports the request for service(s) to determine medical necessity or specifically requested by eQHealth Solutions.

Type of Review Request	Documentation
All Types of Review Requests	Documentation not included in the review request form that supports the medically necessity of the requested services.

Disclaimer Statement

eQHealth Solutions certification determination does not guarantee payment for services. Eligibility for and payment of services are subject to all terms and conditions and limitations of the LSU First Summary Plan Description.

Requesting Provider Attestation Statement

I hereby attest that, as a healthcare services provider or provider's representative, an order for the above medical services has been received for the identified member. In addition, I attest that the treatment plan has been approved by the prescribing (ordering) physician.

Printed Name: _____

Signature: _____

Date: _____

Customer Care Contact: 855-326-3466