



# REQUEST FOR SERVICE FORM

## MEDICAL CONSULTANTS REVIEW

### National Independent Review Organization

8000 G.S.R.I. Avenue, Baton Rouge, LA 70820

Phone: (225) 769-6476 Fax: (225) 763-6476 JConnect Fax: (678) 868-9103

Email: [iniro-alert@iniro.com](mailto:iniro-alert@iniro.com)

Patient: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Company: \_\_\_\_\_ Date Required: \_\_\_\_\_

Attention: \_\_\_\_\_ Insured: \_\_\_\_\_

Address: \_\_\_\_\_ DOA: \_\_\_\_\_

City, State: \_\_\_\_\_ Claim: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Request Type:

\_\_\_\_ Record Review \_\_\_\_ Addendum \_\_\_\_ Appeal

#### Type of Review Required:

- |                                                |                                               |                                       |
|------------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Orthopedics           | <input type="checkbox"/> Cardiology           | <input type="checkbox"/> Psychiatry   |
| <input type="checkbox"/> Neurosurgery          | <input type="checkbox"/> Otolaryngology (ENT) | <input type="checkbox"/> Pulmonology  |
| <input type="checkbox"/> Internal Medicine     | <input type="checkbox"/> OB/GYN               | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Neurology             | <input type="checkbox"/> Physical Medicine    | <input type="checkbox"/> Dental/TMJ   |
| <input type="checkbox"/> Chiropractic          | <input type="checkbox"/> Plastic Surgery      |                                       |
| <input type="checkbox"/> Other - Specify _____ |                                               |                                       |

#### Specific Questions:

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Please call Eric Arkin for file questions at (225) 769-6476 or E-Mail at [iniro-alert@iniro.com](mailto:iniro-alert@iniro.com)