



Your Future — Our Focus

Chicago Regional Council of Carpenters Welfare Fund

Instructions for Completing an External Review Form

- 1. Determine if you are filing a timely request for External Review.** If the Appeals Committee of the Board of Trustees has maintained denial of a claim, in whole or in part, the Participant, Patient or Authorized Personal Representative has no more than 4 months, after the date the claimant received the internal appeals denial, to request an external review.
- 2. Complete the External Review Form in its entirety.** Print clearly in blue or black ink and answer all questions. If the form is not legible, if a question is left unanswered or the form has not been signed, it will be returned to you for completion. The External Review Form must be signed and dated to be valid.
- 3. Attach additional information to the External Review Form.** You may attach additional information, such as a physician's letter, bills, medical records or other documents to support your claim.
- 4. Submit the completed External Review Form and any additional information to substantiate your claim to:**

Scan & Email: Appeals@crccbenefts.org

Fax: Chicago Regional Council of Carpenters Welfare Fund
 Attn: Appeals Committee
 Fax Number: 312-951-1515
 (Note: Write the Participant's ID number on each page)

Mail: Chicago Regional Council of Carpenters Welfare Fund
 Attn: Appeals Committee
 12 East Erie Street
 Chicago, IL 60611

- 5. What's happens next?** Within five (5) business days of the Plan's receipt of your request for an external review, the Plan will complete a preliminary review to determine whether your claim is eligible for an external review. Within one (1) business day of completing the preliminary review, the Plan will notify you in writing as to whether your application meets the requirements for an external review. If the request is complete and eligible, the Plan will assign the request to an Independent Review Organization (IRO). Once the claim is assigned to an IRO, the assigned IRO will notify you timely in writing of the request's eligibility and acceptance for external review, including instructions about how you may submit additional information regarding your claim (generally, such information must be submitted within ten (10) business days). Within five (5) business days after the assignment to the IRO, the Plan will provide the IRO with the documents and information it considered in making its Adverse Determination. If you submit additional information related to your claim, the assigned IRO must within one (1) business day forward that information to the Plan. Upon receipt of any such information, the Plan may reconsider its Adverse Determination that is the subject of the external review. Reconsideration by the Plan will not delay the external review. However, if upon reconsideration, the Plan reverses its Adverse Determination; it will provide written notice of its decision to you and the IRO within one (1) business day after making that decision. Upon receipt of such notice, the IRO will terminate its external review. The assigned IRO will provide written notice of its final external review decision to you and the Plan within 45 days after the IRO receives the request for the external review.

Note:

- ✓ You may only request an external review after you have exhausted the internal review and appeals process.
- ✓ A request for an external review must be submitted by the Participant, parent/guardian, covered individual or an Authorized Personal Representative, in writing, within the applicable time frame and attach all copies of evidence supporting the appeal.
- ✓ A covered individual may designate an Authorized Personal Representative by completing an Authorized Personal Representative Designation Form and submitting it with the External Review Form.
- ✓ Providers of service do not have appeal rights unless a covered individual designates the provider of service as his/her Authorized Personal Representative and the Fund Office receives a completed and signed Authorized Personal Representative Designation Form or one must be on file with the Fund Office.



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12 EAST ERIE STREET • CHICAGO, IL 60611

(312) 787-9455, OPTION 3

FAX: 312-951-1515



External Review Form

To: The Board of Trustees - Attn: Appeals Committee

Participant's Name (the Carpenter)

Participant's ID # (located on your BCBS ID Card)

Participant's Street Address, City, State & Zip Code

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Daytime Phone Number

Email Address

I am requesting an external review of:

Claim Number(s) (on the Explanation of Benefits)

Date(s) of Service

Name of Provider(s)

Patient Name

Patient's Date of Birth

Patient's address (if same as Participant write same)

Name of Person Requesting an External Review

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Daytime Phone Number

Email Address

Street Address of Person Requesting an External Review

City, State & Zip Code

I am the Carpenter Parent/Guardian Patient Authorized Personal Representative

If this form is being submitted by an Authorized Personal Representative, is there an Authorized Personal Representative Designation Form on file with the Fund Office? **Yes** **No** (If no, you must attach a fully completed and signed Authorized Personal Representative Designation Form.)

Check if you are including new or additional information(attach to form).

Signature of Participant, Parent/Guardian,
Patient or Authorized Personal Representative

Date