



Department of Consumer & Business Services
Insurance Division — Attention: Consumer Advocacy
P.O. Box 14480
Salem, Oregon 97309-0405
Phone: (503) 947-7984
Fax: (503) 378-4351
350 Winter St. NE, Rm. 440, Salem, Oregon
insurance.oregon.gov

**External Review
Referral**

For use by insurance companies only.

Please call the external-review message line, (503) 947-7276, if faxing an external-review request to the Insurance Division. Tell us the insurer name and the date and time the fax was sent.

Date of request: _____

Type of request: Regular Expedited

Insurer

Name: _____

NAIC no.: _____

Street address or P.O. Box: _____

City: _____ State: _____ ZIP: _____

Insurer contact person: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Patient

Name: _____

Street address or P.O. Box: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

Date and time insurer received request for external review from enrollee:

Date: _____ Time: _____

Attorney or representative

If the patient has representation, please list name, phone number, e-mail address, and street address of attorney or representative.

Name: _____

Street address or P.O. Box: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

