



## Emergency Room Review Form

*Please complete the following information and attach this form with each Emergency Room Medical Record. Thank you!*

### Product (please circle one):

- AmeriHealth HMO
- AmeriHealth 65<sup>®</sup> NJ HMO
- AmeriHealth 65<sup>®</sup> Preferred HMO
- AmeriHealth Point-of-Service
- AmeriHealth PPO

Provider Name: \_\_\_\_\_

NPI and/or 10-Digit Legacy Provider ID Number: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

AmeriHealth Claim Number: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_

\_\_\_\_\_

Form completed by (print name)

( \_\_\_\_\_ ) \_\_\_\_\_

Telephone number

### Return completed form with medical records to:

**Claims Medical Review - Emergency Room Review  
AmeriHealth New Jersey  
Attn: Appeals  
259 Prospect Plains Road, Building M  
Cranbury, NJ 08512**