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® NJ HMO
- AmeriHealth 65® 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