



**Chicago Regional Council of Carpenters Welfare Fund
Active Plan of Benefits**

**Instructions for Completing an
Expedited Review Form**

- 1. Determine if your illness or injury qualifies for an expedited appeal.** A claimant or Authorized Representative may request an expedited appeal when an adverse benefit determination involves a medical condition of the claimant for which the timeframe for the completion of a standard appeal would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function or, if in the opinion of your physician, the patient would experience pain that cannot be adequately controlled. If the above criteria are not met, the request for an Expedited Review will be denied.
- 2. Complete the Expedited Review Form in its entirety.** Print clearly in blue or black ink and answer all questions. If the form is not legible or if a question is left unanswered or the form is not signed, it will be returned to you for completion.
- 3. Attach Additional Information to the Expedited 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 Expedited Review form and any additional information to substantiate your claim to:**

Scan and 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)

Note:

- ✓ The request for an expedited review must be submitted by a covered individual, in writing, within the applicable time frame and attach all copies of evidence supporting the request.
- ✓ A covered individual may designate an "Authorized Personal Representative" by completing an Authorized Personal Representative Designation form and submitting it with the Expedited Review form. No other Authorized Personal Representative form will be accepted in lieu of our 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.



Chicago Regional Council of Carpenters Welfare Fund

12 EAST ERIE STREET • CHICAGO, IL 60611
(312) 787-9455, OPTION 3
FAX: 312-951-1515



Expedited 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

() _____
Daytime Phone Number Email Address

I am requesting an Expedited 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 () Daytime Phone Number Email Address

Street Address of Person Requesting an External Review City, State & Zip Code

I am the Carpenter Patient Authorized Personal Representative (if Authorized Representative, the patient will need to complete an "Authorized Representative Designation Form)

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 attached a fully completed and signed Authorized Personal Designation form. Only the Fund's Authorized Personal Rep. form will be accepted)

State the reason(s) you disagree with the adverse claim determination: (if more room is needed attach a sheet of paper)

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

Signature of Participant, Patient or Authorized Representative Date