



III. Reason for Disagreement with Denial of Authorization or Prescribed Treatment.

(1) Why do you consider the denial of authorization or the prescribed treatment to be incorrect? *(You may use additional paper if necessary).*

(2) List detailed facts supporting the reason(s) for why the denial of authorization or the prescribed treatment is incorrect? *(You may use additional paper if necessary).*

(3) What do you want the Chief Risk Officer to do? *(You may use additional paper if necessary).*

Return this form and supporting documents to **ORM** by **electronic mail, fax, or regular mail** to the address:

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