

PEER TO PEER REQUEST FORM

Have you initiated an appeal for this case?	
Service Reference Number:	
Member's Full Name:	
Date of Birth of the Member:	
Member ID #:	
Sender's Name:	
Sender's Phone Number:	
Sender's Email Address:	
Provider's Name:	
Provider's Cell Phone Number:	
Provider's Office Phone Number:	
Provider's Title (e.g., MD, Nurse Practitioner, Physician Assistant):	
Provider's Time Zone:	
How is this Provider involved in the care of this member?	
1. Preferred Date & Time for P2P Discussion (include time zone)	
2. Preferred Date & Time for P2P Discussion (include time zone)	
3. Preferred Date & Time for P2P Discussion (include time zone)	

Instructions:

- 1. Make sure all information is complete & accurate.**
- 2. You can give three timeframes during which your physician will be available.**
- 3. For multiple requests you may email UHC_PeerToPeer_Scheduling@uhc.com to receive a template.**
- 4. Send completed form to UHC_PeerToPeer_Scheduling@uhc.com using UHC's encrypted email service <https://res.cisco.com/websafe>. Due to HIPAA requirements applying to the submission of electronic Protected Health Information, such information must always be sent through this encrypted website.**

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