

Case Booking Appeal Escalation Form:

Requesting physician:

Physician cell number:

Patient identifiers (name, DOB, MRN):

Requested location:

Procedure date:

Procedure performed:

Surgery level:

Length of stay:

Appeal reason:

Rationale for request:

ASA class:

Lace+Score:

BMI:

Outpatient/Home

Bedded outpatient:

Submit completed form. Please follow instructions below.

1. Email TO: Surgical - Case Booking Appeal Escalation distribution list or surgicalcasebookingappealescalation@spectrumhealth.org
2. Email subject line-include the following:
 - a. Case Booking Appeal Escalation
 - b. Requested procedure location
 - c. Requested procedure date
 - d. MRN (reminder to send securely)
3. Attach completed Case Booking Appeal Escalation Form

*Internal use below this line

Appeal reviewed by:

Approved

Denied

Notification type:

Email

Phone conversation