



Emergency Room Review Form

Please complete the following information and attach this form with each Emergency Room Medical Record. Thank you!

Product (please check one):
<input type="checkbox"/> AmeriHealth New Jersey HMO <input type="checkbox"/> AmeriHealth New Jersey Point-of-Service <input type="checkbox"/> AmeriHealth New Jersey PPO
Provider Name:
NPI and/or 10-Digit Legacy Provider ID Number:
Patient ID Number:
Date of Service:
AmeriHealth New Jersey 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
Business Center
1901 Market St, 10th Floor
Philadelphia, PA 19103