

Physician Peer-to-Peer Request



Fax completed form to:

CCA Provider Services at (855)-341-0720

Peer-to-Peer Request Information	
Request Submission Date:	
Contact Name:	
Contact Phone Number:	Contact Fax Number:
Authorization ID Number:	
Start Date of Services:	End Date of Services:
Patient Information	
Member's name:	Member's date of birth:
CCA Member ID:	
Physician Information	
Name of the physician requesting the peer-to-peer review:	
Telephone number to conduct peer-to-peer review with the physician:	
Alternate physician telephone number:	
List two dates and times you're available for the peer-to-peer review:	
1. Date:	Time:
2. Date:	Time: