Attachment H

ASSIGNMENT FOR REVIEW BY MEDICAL QUALITY REVIEW PANEL MEMBER

Texas Department of Insurance,
Division of Workers' Compensation MS-9
7551 Metro Center Drive, Suite 100
Austin, Texas 78744

Medical Quality Review Panel Member:	**MQRP ID#:**
Subject of Review:	**Review #:**

Scope of Review:	☐ MMI/Impairment Rating	☐ Appropriate Utilization
	☐ Appropriateness of Prospective Utilization Review	☐ Appropriateness of Retrospective Utilization Review
	☐ Appropriateness of Work Release	☐ Other:

CASES TO REVIEW			**REVIEW INFORMATION**		**TDI USE ONLY**	
Case #	Claimant Name	Social Security #	Conflict of Interest?	Actual Review Time	Hourly Rate	Cost of Review
			Y / N		$100.00	
			Y / N			
			Y / N			
			Y / N			$
TOTAL						$

Attachments include: Medical Records	☐ File Review Worksheets (on disk)	☐ Copy of relevant Complaint Letter(s)
	☐ Clinical Chart including carrier documentation where available	☐Index of Records:
Date Received _____ **Time** _____	☐ Copy Letter of Notification to Audit Subject	☐Other:

Date Assignment sent by TDI:	**Date Assignment Due back to TDI:**
Date Assignment Received by MQRP Member:	**Date Assignment Sent back to TDI:**

Assignment made by:

_____ _____

Name of Medical Advisor Date of Signature

I affirm that I have no financial or personal interest/relationship with any claimant, employer, insurance carrier, or health care provider involved in any claim (except as noted above) that may reasonably be perceived as having potential to influence my evaluation of this case(s).

_____ _____

MQRP Member Signature Date of Signature

TDI Point of Contact:

Phone #:	**Fax#:**	**Email:**

Name (Verification of Receipt)	**Signature:**	**Date:**
Name (Contract Administration Verification)		**Signature:**
Name of Medical Advisor (Verification of Overage hrs per case/per month)		**Signature:**

INVOICE INFORMATION
Once you have completed the above referenced reviews record the "REVIEW INFORMATION" information, sign, date and mail the completed form to the address above. If you have questions, please contact the Contact Staff Person listed above.