



Maine Medical Association
**External Peer
Review Program**

Request for Review

Please complete and return to the MMA Peer Review Coordinator:

Requestor: _____ Date: _____

Primary Contact: _____ Phone: _____

Organization & Address: _____

Fax: _____ Email: _____

Reason for the review (be as specific as possible – i.e. focus for review): _____

Is the person(s) being reviewed aware of this review? Yes No

Specialty: _____ Routine review Focused review

Requesting an: Offsite review Onsite review Recredentialing review

The name(s) of the medical professional(s) and their licensure being reviewed: _____

EMR (if applicable): Yes No if yes, name: _____

PAC system (if applicable): Yes No

Proposed number of charts/records/films for review: _____

When would you like the review to be held and/or completed? _____

How many reviewers do you request? (i.e. 1,2,3) _____

Signature of authorized individual: _____

This Request for Review will initiate a confidential peer review proceeding by the Maine Medical Association External Peer Review Program in accordance with the current edition of the Program Policy, Guidelines and Fee Schedule. The proceeding and its participants, are protected by the peer review provisions of Maine law, particularly 32 M.R.S.A. §§3293 and 3296 and portions of 24 M.R.S.A., Chapter 21, the Maine Health Security Act.

NOTE:

1. All actions and decisions made regarding credentialing of the reviewed practitioner(s) are the responsibility of the organization requesting the review.
2. If a team of reviewers and a date has been coordinated by MMA and the requestor cancels, a fee of \$250.00 may be charged to the requestor's organization.

Date received by the MMA Peer Review Coordinator: _____