

**External Peer Review Request Form**

*Please complete and return to the Director for Peer Review & Quality at* [*dpoulin@mainemed.com*](mailto:dpoulin@mainemed.com)

*or Fax to 207-622-3332.*

Requestor: Click or tap here to enter text. Date: Click or tap to enter a date.

Primary Contact: Click or tap here to enter text. Phone: Click or tap here to enter text.

Organization & Address: Click or tap here to enter text.

Fax: Click or tap here to enter text. Email: Click or tap here to enter text.

Reason for the review (be as specific as possible) Click or tap here to enter text.

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

Specialty: Click or tap here to enter text.

Is this a Routine/recredentialing review  Focused review  Sentinel Event review

Requesting an: Offsite review  Onsite review

The name(s) of the medical professional(s) and their licensure being reviewed: Click or tap here to enter text.

EMR (if applicable): Yes  No  if yes, name: Click or tap here to enter text.

PAC system (if applicable): Yes  No

Proposed number of charts/records/films for review Click or tap here to enter text.

When would you like the review to be held and/or completed? Click or tap to enter a date.

How many reviewers do you request? (i.e. 1,2,3) Click or tap here to enter text.

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 MMA’s Director for Peer Review & Quality: Click or tap to enter a date.

Rev. 8/17/2021