



CPR RISK MANAGEMENT^{INC}

**CPR RISK MANAGEMENT INC
MEDICAL REVIEW REFERRAL FORM**

E-mail: referrals@cpr-rm.com

Fax: 877-845-5566

DATE	
COMPANY REFERRAL	
UNDERWRITER	
EMPLOYER GROUP	
POLICY YEAR EFFECTIVE DATE	
TPA	
SPEC DEDUCTIBLE	
CONTRACT TYPE	
PPO	
AVE PPO DISCOUNT IF KNOWN	
DOMESTIC CHARGES	
ANY CARVE OUT PROGRAMS?	
DATE REQUESTED (date you need the review returned)	
RENEWAL OR PROSPECT	