

## Clinical & Operational Review Request Form

**For concerns needing emergent response within 48 hours, please contact the Avele eCare Behavioral Health Hub, Network Operations Center at 844-250-7302**

Site/Location:

Service Line (i.e. On-demand ED/CL, Outpatient):

Date of Incident/Encounter (DOS):

Site/Location Contact Person(s):

Patient Initials, MRN (if applicable):

Provider Name (if applicable):

Is the request emergent (requires response and/or intervention in <24 hrs. for patient care/safety)? If you have an emergent concern, please contact the NOC team to escalate to leadership.

The Review Request is regarding (select from the options below):

### Clinical

Documentation

Other:

### Operational

Provider did not sign note

Queue Management

Workflow concerns

Other:

Reason for review Request (please be as specific and detailed as possible):

**Please complete this form and send to your Account Executive at [accountexecutive@avelecare.com](mailto:accountexecutive@avelecare.com). Thank you!**