

## New Technology/Medical Policy Review Request Form

The health plan evaluates new technology and new applications of existing technology for inclusion in our benefits plan. Our Medical Policy Committee meets quarterly, or as needed, to review new technology requests. We welcome health care provider feedback. Please provide the information requested below. Comments regarding research and evidence development of specific criteria should include supporting references from peer-reviewed, high-level scientific literature.

Complete the questions below and email to [medical.policies@wpsic.com](mailto:medical.policies@wpsic.com) for further review. Supporting documentation may be attached to the email. All new technology/medical policy review requests will be evaluated and responded to.

Date of request
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### Contact Information

Provider Name
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Facility
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City	State	ZIP
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Phone	Email
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### Technology/Title of Policy:

(Brief description of the service, technology, or medical policy indication for review)

### Supporting Evidence

(Does evidence show technology improves health outcomes? Is the new technology as beneficial as established alternatives?)

### Provider Signature

<b>X</b>	<b>Date</b>
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