

PHYSICIAN MEDICAL PEER REVIEW FORM

Patient Information:

Full Name: _____
Date of Birth: _____
Medical Record Number: _____

Reviewer Information:

Full Name: _____
Medical License Number: _____
Specialty: _____
Contact Information: _____

Case Information:

Date of Service: _____
Type of Service: _____
Location of Service: _____

1. Clinical History and Documentation

Review the completeness and accuracy of the clinical history and all relevant medical records provided for this case. Confirm that documentation supports the necessity and appropriateness of the service rendered.

2. Appropriateness of Care Provided

Evaluate the medical necessity, appropriateness, and quality of care delivered. Determine if the diagnosis and treatment conform to accepted standards of medical practice.

3. Coding and Billing Accuracy

Assess the accuracy of coding and billing in relation to the services provided and documented. Identify any discrepancies or potential errors.

4. Compliance with Policy and Guidelines

Verify adherence to applicable institutional, state, and federal policies, as well as professional guidelines and regulations relevant to this case.

5. Recommendations

Provide detailed recommendations for improvement, if any, including suggestions for clinical practice, documentation, coding, or compliance.

6. Reviewer Comments

Include any additional observations or comments pertinent to this peer review.

Summary and Conclusion:

Summarize the overall findings of this peer review. Address whether the care provided met the standards of medical

practice, noting any deviations or concerns. State conclusions clearly and objectively.

Compliance Statement:

This peer review has been conducted in accordance with applicable United States federal and state laws, including HIPAA and other privacy regulations. All information contained herein is confidential and intended solely for the use of authorized individuals. Unauthorized use, disclosure, or duplication is prohibited and may be unlawful.

REVIEWER'S SIGNATURE

SUPERVISOR'S SIGNATURE

Signature: _____

Signature: _____

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