



## Optum ACE Clinicians Data Review Request

Clinician/Group Name *(please print)*:

TIN(s): \_\_\_\_\_

NPI: \_\_\_\_\_

Secure e-mail address: \_\_\_\_\_

Please accept this documentation to support my request for review for the Achievements in Clinical Excellence -- Clinicians program designation.

**I hereby attest that the information I have submitted in connection with my request for data review is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: Optum reserves the right to audit the representations contained in this document.*

Please insert your questions regarding your effectiveness metric below:

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Please insert your questions regarding your efficiency metric below:

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Return form to: [ace@optum.com](mailto:ace@optum.com) or fax: 1-844-861-2457