EXHIBIT STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE DECISION POINT REVIEW / PRECERTIFICATION IMPLEMENTATION REPORT

COMPANY NAME	Company Na	ame	_						Name:			
NAIC # NAIC#	GROUP #	Group#	– NC	D. OF CON	IPANIES I	N GROUP	#		Phone:			
REPORT FOR	Month	2002							Address:			
	(MONTH)	(YEAR)										
					Denial	Reason				Modified	Reason	
DECISION POINT REV	VIEW REQUESTS	# Received	# Denied	А	В	С	D	# Modified	А	В	С	D
Treatment		0	0	0	0	0	0	0	0	0	0	0
Testing		0	0	0	0	0	0	0	0	0	0	0
Totals 0		0	0	0	0	0	0	0	0	0	0	0
PRECERTIFICATION REQUESTS		0	0	0	0	0	0	0	0	0	0	0

	MONTH TOTAL
	0
NUMBER OF PHYSICAL EXAMINATIONS SCHEDULED PURSUANT TO N.J.A.C. 11:3-4.7(b)(2)	
$\frac{11.3-4.7(0)(2)}{11.3-4.7(0)(2)}$	0
NUMBER OF PHYSICAL EXAMINATIONS COMPLETED	Ŭ
PURSUANT TO N.J.A.C. 11:3-4.7(b)(2)	
	0
NUMBER OF INTERNAL APPEAL REQUESTS RECEIVED	
	0
NUMBER OF INTERNAL APPEAL REQUESTS RESULTING IN DENIAL OF INITIAL DETERMINATION	
NUMBER OF INTERNAL APPEAL REQUESTS RESULTING IN MODIFICATION OF INITIAL DETERMINATION	0

Reasons for Denial / Modification*

A- Insufficient information supplied by provider
B- Level of treatment not consistent with diagnosis
C- Patient has reached maximum improvement
D- Other (give brief description below)

*"Medically unnecessary" is too general. Reason should be more specific.

DENIED MEANS THAT THE TEST OR TREATMENT WAS FOUND NOT TO BE REIMBURSABLE UNDER PIP MODIFIED MEANS THE TEST OR TREATMENT APPROVED WAS DIFFERENT THAN THAT REQUESTED BY THE PROVIDER

MG02-01