



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:

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

Please insert your questions regarding your effectiveness metric below:

Please insert your questions regarding your efficiency metric below:

Return form to: ace@optum.com or fax: 1-844-861-2457