

Please check the appropriate priority:

Standard **Please select the proper review type:** Notice of Current Admission Pre-Service Post-Service

Expedited (*pre-service only; post-service requests do not qualify for expedited review*)

I certify that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

Provider Signature Required: _____

Member Information:

First Name:

Last Name:

Date of Birth:

Member ID:

Provider Information: Please complete all sections in full.

	Requesting Provider	Servicing Provider
Name:		
NPI:		
Address:		
Phone:		
Fax:		

Facility Information: Please enter the information for where services will be rendered.

Name:	
NPI:	
Address:	
Phone:	
Fax:	

Services Requested: Please check the appropriate service

Observation Urgent Admission Facility Transfer Scheduled Skilled Nursing Facility
 Acute Rehab Hospice Transplant Other (please specify):

For Facility Transfers only, please indicate name of referring facility:

Date of Admission: _____ Date of Discharge (if applicable): _____

Diagnosis Code(s):

Diagnosis Code Description(s):

CPT/HCPCS Code(s):

CPT/HCPCS Code Description(s):

This authorization does not guarantee payment of claim. All authorizations are subject to eligibility requirements and benefit plan limitations. **Services are not considered authorized until Alterwood Advantage issues an approval.** For a list of services that require PA or if you need to speak to a Utilization Management Representative, please call 667-262-9429 or toll free at 1-866-274-3265.