

**Please check the appropriate priority:**

Standard **Please select the proper review type:**  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.

Physician 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 and include all planned and requested CPT/HCPCS Codes.**

**Note: Out of Network providers require authorization for all services that will be billed to Alterwood Advantage.**

- Physical Therapy   
  Occupational Therapy   
  Speech Therapy   
  Cardiac Rehab  
 Home Health   
  Durable Medical Equipment (DME)   
  Radiology  
 Other (please specify):

Start Date:	End Date:	Number of Sessions/Visits:
Frequency (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.