

<b>Please check the appropriate priority:</b>	
<input type="checkbox"/> Standard	<b>Please select the proper review type:</b> <input type="checkbox"/> Pre-Service <input type="checkbox"/> Post-Service
<input type="checkbox"/> Expedited ( <i>pre-service only; post-service requests do not qualify for expedited review</i> )	
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: _____	

<b>Member Information:</b>			
First Name:	Last Name:	Date of Birth:	Member ID:

<b>Provider Information: Please complete all sections in full.</b>		
	<b>Requesting Provider</b>	<b>Servicing Provider</b>
Name:		
NPI:		
Address:		
Phone:		
Fax:		

<b>Facility Information: Please enter the information for where services will be rendered.</b>	
Name:	
NPI:	
Address:	
Phone:	
Fax:	

<b>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.</b>			
Start Date:	End Date:		
Diagnosis Code(s):			
Diagnosis Code Description(s):			
CPT/HCPCS Code(s):	CPT/HCPCS Code Description(s)	Dosage/Number of Units	Frequency/Total Number of Treatments

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.