

Please check the appropriate priority. Requests without a selected priority will be processed as Standard.

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.

Physician Signature Required: _____

Member Information:

First Name:

Last Name:

Date of Birth:

Member ID:

Servicing Provider Information: Please enter the information for the servicing provider group/supplier.

Provider Name:

Group Name:

Group NPI and Tax ID:

Address:

Contact Name & Phone:

Fax:

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

Name:

NPI and Tax ID:

Address:

Contact Name & Phone:

Fax:

Services Requested: Please check the appropriate service

Observation Current 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.