ALTERWOOD ADVANTAGE
Quality Care. Better Health.

PART B MEDICATION REQUEST FORM

Please fax completed form and all supporting documentation to
410-801-5701

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

Servicing Provider Information: Please enter the information for the servicing provider group/supplier.		**Facility Information: Please enter the information for where services will be rendered.**	
Provider Name:		Name:	
Group Name:		NPI#:	
Group NPI and Tax ID:		Tax ID:	
Address:		Address:	
Contact Name & Phone:		Contact Name & Phone:	
Fax:		Fax:	

Complete this section if requesting a Non-Preferred Drug on our Part B Preferred Drug List (PDL).	
Non-Preferred Drug being requested:	
List Preferred Drugs tried previously:	
Is patient currently receiving or within a treatment course with this Non-Preferred Drug?	□ Yes □ No
If yes, provide medical records with documentation of current treatment or treatment course. *If no, provide medical records with documentation of the inadequate response or intolerable adverse effect(s) experienced on the preferred drug(s); or other rationale member is unable to use the preferred drug(s).*	

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.			
Start Date:		End Date:	
Place of Service (POS):			
Diagnosis Code(s):			
Diagnosis Code Description(s):			
CPT/HCPCS Code(s):	CPT/HCPCS Code Description(s)	Dosage/Number of Units	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.