

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:
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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 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.

Home Health Durable Medical Equipment (DME) Radiology Outpatient Surgery
 Other (please specify):

Start Date:	End Date:	Number of Sessions/Visits:
Place of Service (POS):		
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.