

Please select the proper review type:	<input type="checkbox"/> Pre-Service	<input type="checkbox"/> Post-Service
Please check the appropriate priority. Requests without a selected priority will be processed as Standard.		
<input type="checkbox"/> Standard <input type="checkbox"/> Expedited		
<i>For Expedited Only: 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.</i>		
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.			
Group Name:			
Group NPI and Tax ID:			
Address:			
Contact Name & Phone:			
Fax:			
Email:			
<i>All decision notifications shall be rendered via fax / mail. Email is for clarification communications only.</i>			
Facility Information: Please enter the information for where services will be rendered.			
Name:			
NPI and Tax ID:			
Address:			
Contact Name & Phone:			
Fax:			
Email:			
<i>All decision notifications shall be rendered via fax / mail. Email is for clarification communications only.</i>			
Please 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.			
OON Providers Only: <i>I certify that the out of network provider/facility accepts 100% of the Medicare Fee Schedule.</i>			
OON Provider: _____ <input type="checkbox"/> Yes, 100% MFS. <input type="checkbox"/> No, please call to discuss rates.			
Complete this section if requesting a Non-Preferred Drug			
Non-Preferred Drug being requested:			
Preferred Drugs tried previously:			
Is patient currently receiving this Non-Preferred Drug?	<input type="checkbox"/> Yes (if yes, start date) _____ <input type="checkbox"/> No		
Services Requested			
Start Date:	End Date:	# of Sessions/Treatments:	
Place of Service (POS):			Dosage:
Diagnosis Code(s):			
CPT/HCPCS Code(s):			
Is clinical attached to this request? Requests without supporting clinical may be denied for lack of information.			

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.

If you are experiencing fax connectivity issues, contact Alterwood Advantage to discuss alternative submission methods to prevent delay in review.